



U.S. Department of Transportation

National Highway Traffic Safety Administration

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***



DYNAMIC SCIENCE, INC. In-Depth Accident Investigation

Contract DTNH22-94-D-27058 Case DSI-96-AB-14

1997

		Technical Report Documentation Page		
1. Report No.	2. Government Accession No.	3. Recipient Catalog No.		
DS96014				
4. Title and Subtitle		5. Report Date		
In-Depth Accident Inve	estigation	March 1996		
		6. Performing Organization Report No.		
7. Author(s) Dynamic Scien	ce, Inc.	8. Performing Organization Report No.		
9. Performing Organization name and Ad	ddress	10. Work Unit No. (TRAIS)		
Dynamic Science, Inc.				
530 College Parkway,		11. Contract or Grant no.		
Annapolis, MD 21401		DTNH22-94-D-27058		
12. Sponsoring Agency Name and Addre	ess	13. Type of report and period Covered		
U.S. Dept. of Transpor	rtation (NRD-32)	[Report Month, Year]		
•	ffic Safety Administration	n 14. Sponsoring Agency Code		
15. Supplemental Notes				
16. Abstract				
This case was initiated in responsible to the case was a case was		serious head injuries to a child in the right front passenger seat. The case is being		
This collision occurred during 1996 at 1245 hours in the state of				
Vehicle 1, a 1996 Ford Escort station wagon driven by a 40-year-old male, was pulling into a residence driveway. The right front seat was occupied by a 38-year-old female. A 7-month-old female was initially seated in a child seat in the rear seating area, but became fidgety and was removed from the seat and was now seated in the lap of the right front occupant. The right front occupant was using the automatic shoulder hamess, but not the lap belt.				
The driver of Vehicle 1 became confused while entering the driveway and stepped on the accelerator instead of the brake. Vehicle 1 accelerated forward and struck the corner of a house. Vehicle 1 sustained a delta v of 20 km/h (12 MPH). Both airbags deployed at this time. It appears that the driver braked just prior to impact.				
The 7-month-old child was flung forward prior to impact and struck the windshield with her head. She sustained a skull fracture, bilateral subdural hematomas, and a tear to the sagittal sinus. She was transported by car to a local hospital and, after becoming lethargic, was transferred by air to a local trauma center. She underwent an operation to relieve pressure on her brain. The procedure was successful and she was released four days after the accident.				
Vehicle 1 was towed from the	scene due to damage. It was insp	pected at a local body shop and will be repaired.		
17. Key Words		18. Distribution Statement		
Air bag, deployment, inju	ury, accident			
•				

21. No of pages

22. Price

20. Security Classif. (of this page)

19. Security Classif. (of this report)

TECHNICAL SUMMARY

CONTRACTOR:

Dynamic Science, Inc.

CONTRACT NUMBER:

DTNH22-94-D-27058

CASE NUMBER:

Case DSI-96-AB-14

This case was initiated in response to a report of airbag-related serious head injuries to a child in the right front passenger seat. The case is being handled as a remote investigation.

This collision occurred during

1996 at 1245 hours in the state of

Vehicle 1, a 1996 Ford Escort station wagon driven by a 40-year-old male, was pulling into a residence driveway. The right front seat was occupied by a 38-year-old female. A 7-month-old female was initially seated in a child seat in the rear seating area, but became fidgety and was removed from the seat and was subsequently seated in the lap of the right front occupant. The right front occupant was using the automatic shoulder harness, but not the lap belt.

The driver of Vehicle 1 became confused while entering the driveway and stepped on the accelerator instead of the brake. Vehicle 1 accelerated forward and struck the corner of a house. Vehicle 1 sustained a delta v of 20 km/h (12 MPH). Both airbags deployed at this time. It appears that the driver braked just prior to impact.

The 7-month-old child was flung forward prior to impact and struck the windshield with her head. She sustained a skull fracture, bilateral subdural hematomas, and a tear to the sagittal sinus. She was transported by car to a local hospital and, after becoming lethargic, was transferred by air to a local trauma center. She underwent an operation to relieve pressure on her brain. The procedure was successful and she was released four days after the accident.

Vehicle 1 was towed from the scene due to damage. It was inspected at a local body shop and will be repaired.

This document is disseminated under the sponsorship of the Department of Transportation in the interest of information exchange. The United States Government assumes no responsibility for the contents or use thereof.

The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the National Highway Traffic Safety Administration.

The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

DYNAMIC SCIENCE, INC. ACCIDENT INVESTIGATION CASE NUMBER: DSI-96-AB-14

TABLE OF CONTENTS

Accident Data
Ambience
Roadway2
Vehicles4
Vehicle Damage5
Vehicle Velocity Estimates5
Collision Sequence
Occupant Kinematics
Supplemental Restraint System
Scene Clearance
Driver and Other Occupants9
Injuries11
Abbreviations
Scene Diagram
Collision Measurements
Photo Index15

Location:	
Area/Type:	Residential
Date/Time:	1996 / 1245 hours
Accident Type:	Vehicle v. Fixed Object (House)
INJURY SEVERITY:	
Vehicle 1	Driver, not injured Seated R/F occupant, no codeable injuries Held R/F occupant, AIS=5
AMBIENCE:	
Viewing Conditions:	Good
Cloud Cover:	Unknown
Precipitation:	None
Temperature:	6 to -9° C (43 to 14° F)

ACCIDENT DATA:

Road Surface:

Unknown

ROADWAY:

VEHICLE 1

Type: Driveway

Width: (13.8 ft.)

Traffic Density: None

Median: None

Edge: Unknown

Surface: Unknown

Reported Defects: None

Co-efficient of Friction (est.): Unknown

Vertical Alignment: Unknown

Horizontal Alignment: Straight

TRAFFIC CONTROLS:

VEHICLE 1

Signals: None

Signs: None

Speed Limit: No statutory limit

Markings: NA

VEHICLES:

VEHICLE 1

Description: 1996 Ford Escort Station Wagon

Station Wagon

Odometer: 27,305 km

(16,967 miles)

Engine: 1.9 L EFI I4

Vehicle Modifications: None

Tire Condition: Good

Manual Restraints: Lap belts at the R/F,

L/F, C/R locations. Lap and shoulder belts at the R/R, L/R positions.

Automatic Restraints: Supplemental Restraint

System (driver's and passenger's side air bags). Motorized shoulder belts at the R/F, L/F locations.

Reported Defects: None

Cargo: Child seat in rear

Windshield Damage: Windshield damaged by

left hand of Occupant 2

and the head of Occupant 3.

Fleet: N/A

Tow Status: Towed, due to damage

VEHICLE DAMAGE:

VEHICLE 1

Object Struck:

House

Event Number:

01

CDC:

12FZEW2

Maximum Crush:

31.5 cm @ 69.3 cm from

right bumper corner

VEHICLE VELOCITY ESTIMATES:

VEHICLE 1

Impact Speed:

20 km/h (12 MPH) based

(estimated)

on barrier equivalent speed

Total Delta V:

20 km/h (12 MPH)

Longitudinal Delta V:

-20 km/h (-12 MPH)

Lateral Delta V:

0 km/h (0 MPH)

Energy Dissipation:

20873 joules

(15393 Ft-Lb)

COLLISION SEQUENCE:

Pre-Crash: Vehicle 1, a 1996 Ford Escort station wagon driven by a 40-year-old male,

was pulling into a residence driveway. The right front seat was occupied by a 38-year-old female. A 7-month-old female was initially seated in a child seat in the rear seating area, but became fidgety and was removed from the seat and was subsequently seated in the lap of the right front occupant. The right front occupant was using the automatic shoulder

harness, but not the lap belt.

Crash: The driver of Vehicle 1 became confused while entering the driveway and

stepped on the accelerator instead of the brake. Vehicle 1 accelerated forward and struck the corner of a house. Vehicle 1 sustained a Delta V of 20 km/h (12 MPH). Both airbags deployed at this time. It appears that the

driver braked just prior to impact.

Post Crash: Vehicle 1 came to rest near the struck house. At some point subsequent to

the collision, the vehicle was pushed backwards away from the house.

Occupant Kinematics:

The 7-month-old female was seated on the lap of the right front occupant. The right front occupant was wearing the shoulder harness portion of the seatbelt. The child was not restrained. Prior to impact, it appears that the driver braked. The right front occupant went forward. Her left hand was outstretched and she contacted the windshield. The child also went forward and struck the windshield with her head, causing the skull fracture. At deployment, the left hand of the right front occupant was forced to the left, striking the mirror. The airbag appears to have forced the child into the right front occupant, bloodying the nose of the right front occupant.



Figure 1. Hand / head contacts

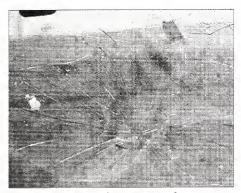


Figure 2. Hand contact, closeup

Airbag System:

Vehicle 1 was equipped with a driver's and passenger's side supplement restraint system. The driver's side, steering wheel mount airbag measures 52 x 60 cm. There are 10 folds in front, 6.5 cm apart. The module cover opens in an "H" pattern. The passenger's side, top/mid mount airbag measures 77 x 80 cm. There are 14 folds, 7 cm apart. The module cover is a single piece and is hinged at the top. There was a small amount of blood on the airbag which likely came from the nose of the right front occupant.

Scene Clearance:

The 7-month-old was knocked unconscious. She was initially taken by car to a local hospital. She had regained consciousness and was crying, but shortly thereafter she became lethargic. A CT scan revealed that she had sustained a large bilateral subdural hematoma, a depressed frontal bone fracture, and a tear of the superior sagittal sinus. She was transported by air to an area trauma center. According to both the driver and the medical records, there were no visible external injuries. She underwent an operation to relieve pressure on the brain., and was hospitalized for a total of 4 days. According to the driver she has not exhibited any adverse

reactions to her injury since her release and seems to be doing fine. The driver was not injured. The right front occupant sustained a bloody nose.

The police were notified 5 hours after the collision. Vehicle 1 was towed from the scene due to damage. It was inspected at a local body shop and will be repaired.

A chronology of accident events follows:

Accident time:	1245
Child arrived at trauma center:	1715
Police notified:	1723
Police arrived on scene:	1734
Child admitted to trauma center:	1858

Safety Standards:

There were no violations of Federal Motor Vehicle Safety Standards and Regulations found during the inspection of the case vehicle.

DRIVER AND OTHER OCCUPANTS:

VEHICLE 1

Age/Sex: 40/Male 38/Female

Seated Position: Left front Right front

Seat Type: Bucket Bucket

Height: 178 cm (70 in.) 168 cm (66 in.)

Weight: 95 kg (210 lbs.) 82 kg (180 lbs.)

Occupation: Unknown Unknown

Pre-existing Medical NA NA

Condition:

Alcohol/Drug Involvement: None noted None noted

Driving Experience: > 20 years NA

Body Posture: Normal, upright Normal, upright

Hand Position: Both hands on wheel, Around child

unknown clock position

Foot Position: Initially on brake, then onto Both presumably on floor

accelerator

Restraint Usage: Automatic shoulder harness in

in place, unknown if lap belt place, lap belt not used

used

DRIVER AND OTHER OCCUPANTS:

VEHICLE 1

Occupant #3

Age/Sex: 7 mos./Female

Seated Position: Right front, on lap of

Occupant #2

Seat Type: Bucket

Height: 70 cm (27.5 in.)

Weight: 7.87 kg (17.3 lbs.)

Occupation: NA

Pre-existing Medical None

Condition:

Alcohol/Drug Involvement: NA

Driving Experience: NA

Body Posture: Facing forward on lap of

Occupant 2

Hand Position: Unknown

Foot Position: Unknown

Restraint Usage: None

INJURIES:

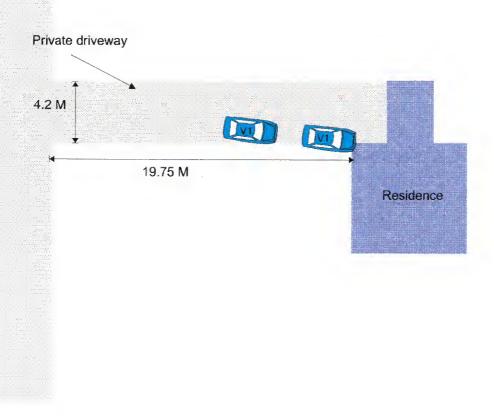
Vehicle 1

	<u>INJURY</u>	OIC CODE	<u>ICD-9</u>	SOURCE
DRIVER:	Not injured			
R/F OCC:	Not injured			
R/F/ OCC 2: Infant occupant seated in lap of R/F OCC	Large bilateral subdural hematoma	140654.5,6	801.2	Windshield
	Left frontal depressed skull fracture	150404.3,5	801.2	Windshield
	Torn superior sagittal sinus	122402.2,9	Not listed	Unknown

Abbreviations Used In Scene And Photographic Documentation

ft Feet in Inches AIS Abbreviated Injury Scale **BLF** Begin Left Front **BLR** Begin Left Rear **BRF Begin Right Front** BRR Begin Right Rear **CBE** Cab Behind Engine CCW Counterclockwise CDC Collision Deformation Classification Center of Gravity CG CMCentimeter COE Cab Over Engine CW Clockwise E, EB East, Eastbound ELF End Left Front ELR End Left Rear **ERF End Right Front ERR End Right Rear** FRP **Final Rest Position** KG Kilogram **KPH** Kilometers Per Hour L/F Left Front L/R Left Rear M Meter N, N/B North, Northbound NE Northeast NW Northwest **PDOF** Principal Direction of Force POI Point of Impact R Radius of Curvature R/F Right Front R/L Reference Line RP Reference Point R/R Right Rear S, SB South, Southbound SE Southeast SW Southwest T Time or Elapsed Time (in seconds) U.S. United States Highway V1 Vehicle Number 1 W West

SCENE DIAGRAM:





COLLISION MEASUREMENTS¹

Case Number DSI-96-AB-14

Reference Point:

Intercept point between driveway and roadway

Reference Line:

North edge of driveway

DATA POINT	LONGITUDINALS	LATERALS
Begin driveway	0	0
End driveway	4.2 M (13.8 ft) SRP	. 0
Impact point with residence	4.2 M (13.8 ft) SRP	19.75 M (64.8 ft) ERL
Final rest, LR	3.6 M (11.8 ft) SRP	15.3 M (50.2 ft) ERL
Note: Vehicle pushed away from residence post- crash.		
Final rest, LF	3.9 M (13.1 ft) SRP	17.9 M (58.6 ft) ERL
		-
		7000000

¹Based on police diagram

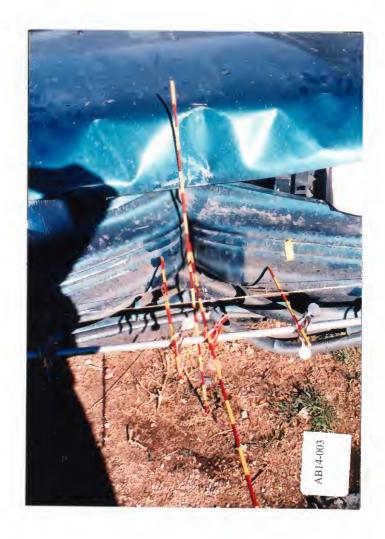
PHOTO INDEX

Case No. DSI-96-AB-14

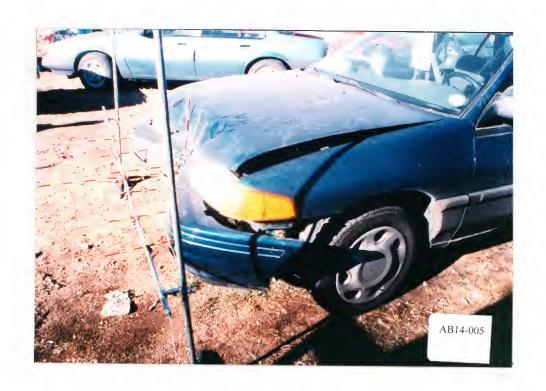
PHOTO NO.	VEHICLE NO.	DIRECTION OF PICTURE	SUBJECT MATTER
1-22	1	CCW	Exterior of Vehicle 1.
23-70	1	NA	Interior of Vehicle 1.
			*)
	7.		
	7		
/			

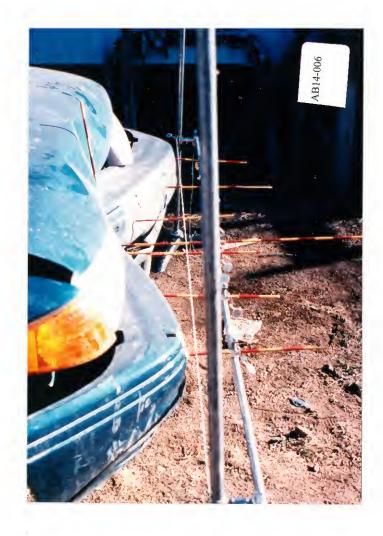


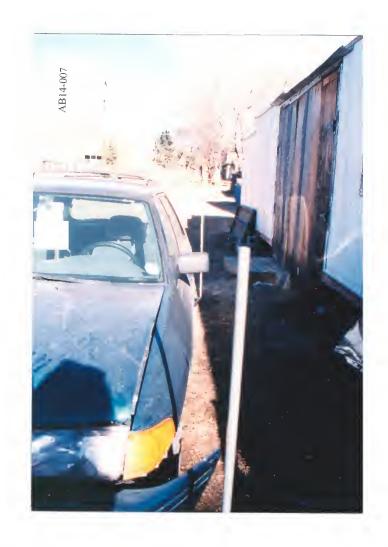


















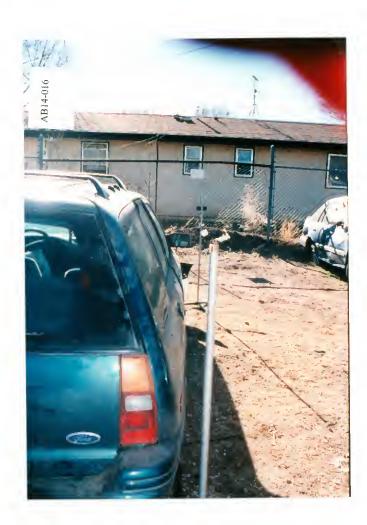






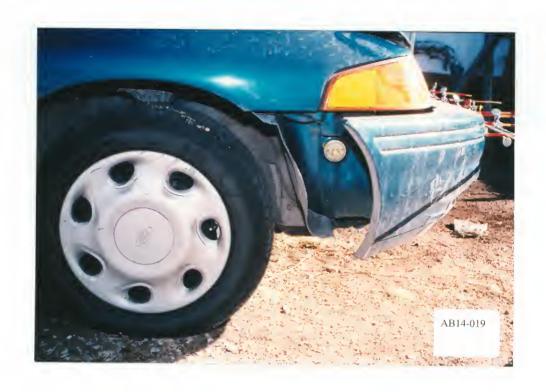




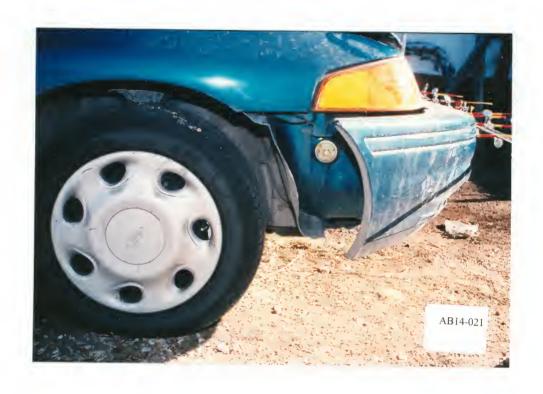


























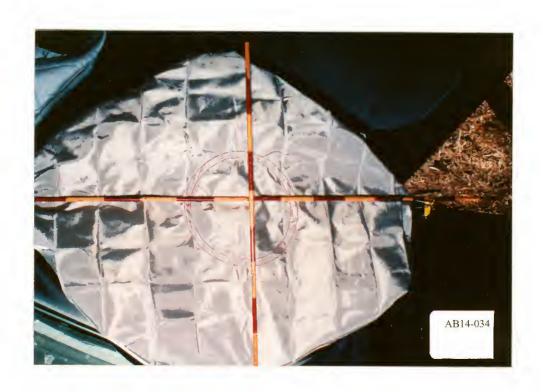
























































































,				COLD REPORT SHEET AVAILABLE CITY SERIAL NUMBER						
_				CITY SERIAL NUMBER STATE SERIAL NUMBER						
آ ا	ROAD CODE									
• •	DATE OF ACCIDENT	TIME	DAY OF WEEK	COUNTY CO ,						
	DATE NOTIFIED	TIME -	INVESTIGATED	LAWENFORCEMENT						
<u>ا</u> .	DATE ARRIVED	TIME	OFFICERL	NAME						
	DATE	LOCATION ROUTE, STRE	NUI							
	NUMBER NUMBER	_		OF ROUTE, ST. RD. MILEPOST						
-	KILLED INJURED			TERSECTION WITH PRI DATE PROPERTY						
Ľ.	PUBLIC PROPERTY TOTAL VEHICLE	ES / DISTRICT	PINOTO TAKEN X RAILE	IAD CONST. WILD PRIVATE REPORT REPORT						
- 1-	VEH #1 OR PARKED	UNATTENDED	PEDESTRIAN	VEH #2 OR PARKED UNATTENDED PEDESTRIAN #						
•	٠			LAST NAME FIRST MI						
	STOREY ADDDOCE		• 10	RES PHONE						
	CITY	SFATE		STATE ZIP CODE BUS PHONE						
	PHINERIT - MII -	STATE	SEX	ERLIC NO STATE SEX DATE OF BIRTH						
C	-		IAGE /	VIOLATION(S)						
L.	VIOLATION CODE(S)	CITATION NUMBER(S	AGE							
	VEAR THANK		MODEL							
[1 600 1 70	PAD IRON THE	Esacet							
Ľ.		BODY TYP	U LTGRN	LIC PLATE NO. STATE BODY TYPE COLOR						
	FEN IDENT NO			VEH IDENT NO.						
E	1	FURST)	VEH OWNER FIRST MI						
	Annaece			ADDRESS CITY STATE ZIP CODE						
	INA CU _	DAMAGE SEVERITY 1-SLIGHT 2-MODERATE 3, 4		INS CO DAMAGE SEVERITY						
7		3-EXTREME		POLICY # 2-MODERATE 3-EXTREME						
L	EXP DATE	7	1	EXP. DATE						
<u>ا</u> و	-	多点	14 113 113	16 115 114 117 117						
L	20 I Jindarcarriaga		1,4 1,4 1,4 1	20 Undarcarriage						
	VEH TOWED BY/TO OWNER OF LAST NAME		FIRST M	VEH # TOWED BY/TO						
	DAMAGED PROP		FIRST M	ADDRESS CITY STATE ZIPCODE						
Ľ.	DESCRIBE ACCIDENT	NY PULLING	INTO DRIVER	DAY. DISTRACTED BY PASSENGERA						
	DRIVER & 1 F	OUT SLIPS O	2 =	IND PATO GAS PEDAL: VEH FAINS						
'	SPEED AVA	STRIKES R	PELDENCE	JUV. FAMALE & BEING HEZO IN						
	PASSIONGER	¿ ARMS. M	TOUR FREIDAL	TAND SPRING WINDSHIET WITH						
	Homes Da	200-620	Tugo	1000 De, vee Pusters With HWAY TROOM						
	HOUSE TO FR	TOTO OF ROS	T.	502 586 648 INDICATE NORTH BY ARROW						
		r	* *							
		138	ī							
		PAL	VATE DAINEWAY							
				Residence						
			<u> 8</u>	Nr Delmpar						
]								
				·						
			i							
			*	DIAGRAM LE NOT TO SOLLE						
			•	VIRTHAMIN IS 1VOT 10 SCIALE						
			! ;	and the second s						
	VEH Pos Ras	E ₁ C1 Inj PHy Sta: Sev Inj (4) (5) (6) (7)	Trp Rp1 Age Sex	hame/Add						
	(1) (2) (3)		(8) (9) (10)	(II)						
	1/1/1/	21		A. DRIVER						
	14 1 7 11	21	37 F	W						
	1 3 1									
	1 3 2	231	7no F							
			7mo F							
			7mo F							
			7mo F							
			7mo F							

Invoice Customer #

Federal I.D.#

Jill To:

Ship To:

			4.		- 1	Cotton Nome		Terms		
Date			Ship Via		1	Patient Name	DUE UPON RECEIPT	191113		
	Orden N	b		Orde	r Date	T	Salesperson		Facility	
<u>P</u>	urchase Order N	vumber	٠.	Critic	- CALLE		,÷		7 40000	
			_							
Oty. Ordered	Shipped	B.O.	Item	Number		Des	scription	Tax	Unit Price	Amount
33.000	33.000	0.000	ADDLPGS*	100	PER PAGE I	FEE		N	1.00000	33.00
1.000	1.000	0.000	BASERATE	· A	BASE RATE			N	19.00000	19.00
1.000	1.000	0.000	SHIPPING		SHIPPING 8	HANDLING		N	9.36000	9.36
								,		
			1							
				:						
				.•						
						Keep For	Your Records	Ì		

Return This Portion with Payment

Your request has been received and the records have been copied.

Invoice Customer #

is under contract to the health care provider from whom you requested information. Please direct all inquiries or correspondence to:

All accounts past 45 days will be turned to collections with a \$30.00 late fee, plus all collection costs.

NonTaxable Subtotal 61.36
Taxable Subtotal 0.00
Tax 0.00
Total Invoice 61.36

Customer Original

These copies were provided on behalf of a health care provider by , a commercial copy service.

Questions about our services, fees, or copy quality should be directed to us at the address listed below. Questions concerning the content of the medical records should be posed to the health care provider.

Thank You,

1997

Dear

: is under contract with the .

the agency. The contract number is:

Our primary contact with the he can reached at

The is conducting an investigation on a motor vehicle accident involving a seven month old girl which occurred in I would like to obtain a copy of her medical records. She was initially treated at and then airlifted to A signed medical release is attached. I don't have a date of birth, but do have her hospital number.

Please send them to the following address:

We are prepared to pay the normal costs associated with obtained medical records from

Thank you.

Sincerely,

THE STATE OF THE PARTY OF THE PARTY.

A CONTRACTOR OF THE PROPERTY O

AUTHORIZATION FOR RELEASE OF

I hereby voluntarily consent and give my written authorization to to release a copy of my medical records relating to my treatment of sustained in an I understand that my name and all other personal identification will be removed from these records, which are to be used only for research purposes. The research is sponsored by in its efforts to improve crash survivability and vehicle crashworthiness.

The sanitized records (with personal information deleted) will be analyzed shortly after receipt to determine the type and degree of injuries.

I acknowledge that I have read this form and all questions, by me, have been answered to my satisfaction, and I hereby acknowledge that I understand its contents.

Signature of Guardian/Parent

Date/

CLINIC #		
FINANCIAL#		PAGE
HT. JUT WT. 787 TH/OIRC. WY. & LMP	ADM	HISTORY #
HT. JUL WT. 7.87 KJ H/OIRC. 44.8 CM TEMP. 3/21 B.P. P. JAU	R. 28 PT.	
LANGUAGEOI	7	
ALLERGIES Triegi xeened:	SEXF AGE008 BIRT	UNATE
Appt. Check-	ADDRESS!	IDAIC
Austria		
1	-	PT. PH:
SUBJECTIVE OBJECTIVE TASSES HENT	CARRIER:	rı. rn:
••••••		
8 mo 9 s/ mv4-		
	PRIMARY PHYSICIAN.	
unrest. passenser	PRIMARY CARE SITE.	
airliften to	MEDICAL RECORDS	
	• • • • • • • • • • • • • • • • • • • •	
Oepressed	••••••	• • • • • • • • • •
siculi for E soft	@ Fly real for	doint
y soulens de moc	uen.	• • • • • • • • • •
cating or		
	••••••••••••••	• • • • • • • • • • •
	PROBLEM PLAN:	
PE active pringful	1) alaia filass -	
	•	
M7E'.Y.	2) RT + ~~	
From new	3) 500 8 200	
(2) 15	•••••••	
pen	•••••	• • • • • • • • • • •
******************************	•••••••	
•••••••••	••••••	• • • • • • • • • • •
••••••	•••••••	
••••••	••••••	• • • • • • • • • • •
••••••	••••••	
••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • •
	VISIT CHARGE CODE:	
•••••	ADMIT TOREFE	R TO
************************	RETURN VISIT E _ C C _ C _ C _ C _ C _ C	PRUF.#_
	ATTENDING_	FRUF.#
		•

The second secon

		·		
ADMISSION DATE:	96			
DISCHARGE DATE:	19	14		
Instructions: Attending or Resident to	complete date a	and narrative of diagnosis / problems and to	llow-up plan. Resident to sign	and print name an
note chart dictation date. Attending p	onysician io sign a Date	ang prini name ang gale signature. Narrati	/e	ICD 9 Co
. Admission Dx / Problem	Date	5/p MV4 2/0 BAT/C		
Principal Dx / Problem	ė	subdural home lon		
Secondary Dx / Problem		Skull bacture		
_				
-				
Complications _		<u>\$</u>		
Comorbidity _		<i>Ø</i>		
Principal Procedures _		(Frental ICP monitor	,	
Additional Procedures _	·	blead CT x 2.		
-				
-				
FOLLOW-UP PLAN:		· 		
1. Follow Up Visit:		·	1 CT to.	. L
2. Medications:) inc. I week, Eh	and or prior to ap	ρ
3. Instructions (Diet, activit	y, wound care	exercise, etc.) Reg duct.	Act: Utrapic	cautions
to prevent falls /	red injure	s × 2 ms. Car seu	t for car trave	۷
_				
ਲ Resident (\$ignature		Resident Name (Pnnt)	Prof. Number	Chart Dictation D
Resident (\$ignature ATTENDING PHYSICIAN C				
ATTENDING PHYSICIAN C	ERTIFICATIO	N STATEMENT: and secondary diagnosis and the major p	rocodurae nadormad ara accu	rate and complete
"I certify that the narrative description the best of my knowledge".	in of the principal	and secondary diagnosis and the major p	occoures benomes are accu	-a.o a.o comprete

Being a condition which exists prior to admission which will extend the length of stay by one day or more.

S. Donner

EMPLOYER ADDRESS OTT ST NO CONTROL ADDRESS OTT						
PCP, DNINGON STORE SELECT MANUFACTORISE SOCIAL MANUFACTORISE SO			IN-PATIENT AD	MISSION	LAST ATP RATE	
PCP, CHAZ ELLES ANALYSIS ADDRESS ANALYSIS ADDR		ATEN NAME CAST FIRST MIRE CE			I ME CONS DATE	***AF
PCP, CHAZ ELLES ANALYSIS ADDRESS ANALYSIS ADDR						•
TOP CHEST ELLES OTH ST AND STREET ADDRESS OTH	70	FIRE THE STATE OF		ן מיייים ן	SERV UNIT ROLLING	r
TOP CHEST ELLES OTH ST AND STREET ADDRESS OTH		300000000000000000000000000000000000000			!	
THE SOURCE OF THE STATE SOURCES OF STATE SOURCE			MEE 103 PT PLEASURE 3.4	ar of	Afternoon one specially	
TOTAL PROPERTY AND STATE A		· ·	; 	1 44 1 44 1		
THE SOURCE CONTROL ADDRESS OF THE STATE OF THE STATE OF THE SOURCE OF THE STATE OF				, AP	, and a 1 au	TH ,
THE COOR IN THE PROPERTY OF TH		IN AN EMERGENCY CONTAILY	BET AND BUT	1 1 M (4)	of Francis for a little have	Ť.
PAGE TO AND TO SET ONE AND TO SET ONE AND THE SET OF A SE		EMERGENCY CONTACT ADDRESS	cm ;	ST 240 v	FT SERVENO BANKA 1 CLAR	. wo .nwo
THE CODE STATES AND THE CONTROL OF STATES AND THE CODE STATES AND		TO WORE'S	,			
THE CODE IN THE CODE IN THE CONTROL OF THE CODE IN THE		· 			SENS TRACT VAL	UE HELM
TOPO THE MANUEL HOLD THE HEAD STY DATE HOLD STY DATE HOLD STY DATE HOLD STYLES AND DATE TO STREET AND DATE TO STYLES AND DATE TO STREET AND DATE T		PATENTS ADDRESS		CITY	st sq. co nes us cirz	PP SAM
THE PATT NAME OF THE PATT OF T		State Court	SIZE PATENT DECLEA	, ain (- c - 2: -)	ministras is their stapines (1999)	~
NESTING NESTING OF THE SET NAME ANTI-REPT. NO. NESTING OF THE SET NAME ANTI-REPT. NO.		ENPLOYER NAME	1	ANTAULI SAFESA	1 in a	
RES PTY NO RES PT	_	1			13 "	
NESTRIPHIC DELIVER AND CONTROL HELD LIFE DATE SECURITY OF THE STATE STATES OF THE STAT	-4	EUPLOSEN CTV ST THE	~~~	EAT CLASS FOR PLANE	MAN THOSE PAN ME PAN	
MEDICINE NO HOSE EFF DATE NEED EFF DATE NUMBER ON NEED CARD NOT THE PROPERTY OF THE PROPERTY O	.9	RES PTY NO.	ES PTV MANE & ACT EAST AND		_ 1	1
MIDCANE NO HOS EFF DATE NEED EFF DATE NAME ON NEDCOME CAND CON VESTICATION TATES NOTES AND HOS EFF DATE NEED EFF DATE NAME ON NEDCOME CAND CON VESTICATION TATES NOTES AND ADMINISTRATION TO THE NAME NAME NAME NAME NAME NAME NAME NAM			-	and an		407.8V
SEES CROSS NO. HOS EFF DATE NED EFF DATE NED EFF DATE NAME OF NEDCLINE CARD OTHER REALISMENT RO. 1 FOLIO NO. FAULT CHEAR REALISMENT RO. 2 OTHER REALISMENT RO. 3 OTHER RO. 3 OTHER REALISMENT RO. 3 OTHER REALISMENT RO. 3 OTHER			SP CATE 1	PALENT NAME ON CAPC	,,,	
THE FOR REPAIR FROM FT CARSON/UNAPLE TO SCR REPHING Left of Paler is surgered accounted by the care of compassing routine of agrossic procedures (including but not limited story and and surgered accounted the distribution of a procedures including but not limited and only surgered to pay and account labely tor payment of all charges order to me and my special covered the approach. Staff is limited to the required to the surgered accounter of the surgered accounter accounter of the surgered accounter accounter of the surgered accoun				101111111111111111111111111111111111111	~15: 40	*. B ¥
EXESSION NO FAULT TRANSMIT TO PRIEM NAME ACCOUNT NO FAULT TO PRIEM NAME NEXT SUBSTITUTE		MEDICAPE NO HOS EFF DATE	MED EFF DATE	AME ON MEDICANE CAND	I COV VENECATION ST	LT BY
OTHER REJUNCE NO 1 FOLCY NO REMANDE NO 2 FOLCY NO REMANDE NO 3 FOLCY NO REMANDE NO SERVICE NO SERVICE NO NO SERVICE NO SERVI						
NO-NO FAULT CHE NEUMER NOT THE CHE NEUMER NO 2 POLICY NO BUSINESS NEUMER NEUMER NOT THE ACCOUNT DATE NOT T	5.3	SC 95 GROUP NO SUBJECT) EFF CATE	Same	E MELAT	PLAY
NO-NO FAULT CHE NEUMER NOT THE CHE NEUMER NO 2 POLICY NO BUSINESS NEUMER NEUMER NOT THE ACCOUNT DATE NOT T						
OTHER PREJAMACE NO 2 OTHER PREJAMACE NO 3 POLICY NO BER MAKE ACCEDEN ACCE			POLICY NO	**************************************	ME RELAT.	9691
C CAR WHOSE HOUSE ACCOUNT THE ACCOUNT NOT THE						
ACCORD ACCOUNT THE ACTION UNKNOWN PRE ADMIN CONSON WHEN ADMINISTRATION OF THE ACTION UNKNOWN PRE ADMINISTRATION OF THE ACTION OF		C -EN HISDAMICE NO ?	POLOTINO	5.8 M	ME_AT	Seis ?
ACCECCE ACCIDENT TIME ACCECNT LOCATION UNKNOWN PRE ADMIND ADMINISTRATION OF SOMETHING ACCECCENT DATE AND ADMINISTRATION OF SOMETHING ACCESCENT ACCESS ADMINISTRATION OF SOMETHING		OTHER HELPWICE NO 3	FOLEY NO.			
C CAR WHOSE HORMALIZED LAST SE DAYS LOCATION UNKNOWN PRE ADD DATE RECORD REPAIR OF THE ADD DATE AMERICAN PROPERTY OF THE ADD DATE AND ADD DATE OF THE ADD DATE AMERICAN PROPERTY OF THE ADD DATE AND ADD DATE OF THE ADD DATE ADD DAT					-	300,1
C CAR WHERE HORMTAUSD LAST SO DAYS DATE SHOWLD CONTROLLED LAST SO DAYS CONTROLLED LAST SO CONTROLLE		ATC CODE ACCIDENT THE	ACGO	ENT LOCATION	DATE TAME : A	
A/A-PASS/NO NO FAULT/REFER TO CITY ATTNY/AMD LEFT ROR EP/TX FROM FT CARSON/UNAPLE TO SCR RP/HXC Consider the second of the se	4	C CAR	LOCATION UNI	(140Wa)		
ELUNT ABDOMINAL TRA-R/O ADMITTED PRISONNAME A/A-PASS/NO NO FAULT/REFER TO CITY ATTINY/AMD LEFT EVANAS A/A-PASS/NO NO FAULT/REFER TO CITY ATTINY/AMD LEFT EVANAS A/A-PASS/NO NO FAULT/REFER TO CITY ATTINY/AMD LEFT CLIPS GENERAL TREATMENT REQUEST / CONSENT INC PRE-AUTH #: I, (Person signing request) Interpretation for such care encompassing routine oragnostic procedures fincluding but not limited to collection of specimens, drawing of blood samples, folding kirays; and middoul treatment by the procedures fincluding but not limited to collection of specimens, staff and employees. In consideration for such services removered to pretably agree to pay and accept liability for payment of all charges bring to me. I understand that it is unfundant in my medical faccounts are required, these will be tway expained to me and my specific consent will be required. It also understand that the influence in my medical faccounts are required. These will be tway expained to me and my specific consent will be required. These will be tway expained to me and my specific consent will be required. These will be tway expained to me and my specific consent will be required. These will be tway expained to me and my specific consent will be required. These will be tway expained to me and my specific consent will be required. These will be tway expained to me and my specific consent will be required. These will be tway expained to me and my specific consent will be required. These will be tway expained to me and my specific consent will be required. These will be tway expained to me and my specific consent will be required. These will be tway expained to me and my specific consent will be required. These will be tway expained to me and my specific consent will be required. These will be tway expained to me and my specific consent will be required. These will be tway expained to me and my specific consent will be required. These will be tway expained to me.	•	WHERE HOSPITALIZED LAST 80 D			NEW ADM CONSIDER SE	MED
ELUNT ABDONTHAL TRA-R/O ADMITTED PRISON NAME A/A-PASS/NO NO FAULT/REFER TO CITY ATTINY/AMD LEFT REWARD A/A-PASS/NO NO FAULT/REFER TO CITY ATTINY/AMD LEFT REPORT FROM FT CARBON/UNAFILE TO SCR RP/HIC GENERAL TREATMENT REQUEST / CONSENT THO PRE-AUTH #: I, (Person signing request) Ihat (The Patient's Name) Care do noticity retruest and consent to such care encompassing routine oragnostic procedures (including but not limited to collection of specimens, drawing of blood samples, fourthing services removed to mention and receipt land encoded treatment by the physicians straight removed to precipe agree to pay and accept liability for payment of all charges brief to me. I understand that if surgical operations of extensive medical incoduces are required, these will be twy explained to me and my specific consent will be required. These will be twy explained to me and my specific consent will be required. These manufactured tension or agency outside the Department without my continent. THIS REQUEST HAS BEEN FULLY EXPLAINED TO ME AND I CERTIFY THAT I HAVE READ IT UNDERSTAND ITS CONTENTS AND DO VOLUNTARILY AGREE TO Sometiment and provided the particular particular and particular p	~	:		İ	ye.	B
A/A-PASS/NO NO FAULT/REFER TO CITY ATTNY/AMD LEFT REVARS FOR RP/TX FROM FT CARISON/UNAFLE TO SCR RP/HRC GENERAL TREATMENT REQUEST / CONSENT TO PRE-AUTH #: I. (Person signing request) that (TT or Patient's Name) care do receby reduest and consent to such care encompassing routine diagnostic procedures (including but not limited to collection of specimens, drawing of blood samples, routine Arrays); and medicul treatment by the Tin consideration for such services rendered to prevent agree to pay and accept liability for payment of all charges belied to me. I understand that it is unstructed constitution in my medical record is confidential and will not be released to any unautrorized person or agency object to payment method to any unautrorized person or agency object to the payment method my collisers. TH'S REQUEST HAS BEEN FULLY EXPLAINED TO ME AND I CERTIFY THAT I HAVE READ IT UNDERSTAND ITS CONTENTS AND DO VOLUNTARILY AGREE TO BATE SIGNAD. **PARTITIONARILE TO CONSIST METABLE TO CONSIST METABLE TO CONTENTS AND DO VOLUNTARILY AGREE TO THAT I MARKET TO CONTENTS AND DO VOLUNTARILY AGREE TO THAT I MARKET TO CONTENTS AND DO VOLUNTARILY AGREE TO THAT I MARKET TO CONTENTS AND DO VOLUNTARILY AGREE TO THAT I MARKET TO CONTENTS AND DO VOLUNTARILY AGREE TO THAT I MARKET TO CONTENTS AND DO VOLUNTARILY AGREE TO THAT I MARKET TO CONTENTS AND DO VOLUNTARILY AGREE TO THAT I MARKET TO CONTENTS AND DO VOLUNTARILY AGREE TO THAT I MARKET TO CONTENTS AND DO VOLUNTARILY AGREE TO THAT I MARKET TO CONTENTS AND DO VOLUNTARILY AGREE TO THAT I MARKET TO CONTENTS AND DO VOLUNTARILY AGREE TO THAT I MARKET TO CONTENTS AND DO VOLUNTARILY AGREE TO THAT I MARKET TO CONTENTS AND DO VOLUNTARILY AGREE TO THAT I MARKET TO CONTENTS AND DO VOLUNTARILY AGREE TO THAT I MARKET TO CONTENTS AND TO CONTENTS AND DO VOLUNTARILY AGREE TO THAT I MARKET TO CONTENTS AND DO VOLUNTARILY AGREE TO THAT I MARKET TO CONTENTS AND TO C	-		i :		CD 9 COOE AZM P	
A/A-PASS/NO NO FAULT/REFER TO CITY ATTNY/AMD LEFT REVARAS FOR RP/TX FROM FT CARBON/UNAFLE TO SCR RP/HRC GENERAL TREATMENT REQUEST / CONSENT INCIDENT INCI			, crc		Y	
FOR RP/TX FROM FT CARBON/UNAFLE TO SCR RP/HRC GENERAL TREATMENT REQUEST / CONSENT TING PRE-AUTH #: I, (Person signing request) Inal (The Patient's Name) Care do Patient's Name) Care do Patient's Name) In consideration for such services remained to but care encompassing routine diagnostic procedures (including but not limited to collection of specimens, drawing of blood samples, routine Airlays) and medicul treatment by the Time on open and accept liability for payment of all charges billed to me. I understand that it surfamiliation in my medical faccioned is confidential and will not be released to any unautrorized person or agency outside the Department without my collisent. THIS REQUEST HAS BEEN FULLY EXPLAINED TO ME AND I CERTIFY THAT I HAVE READ IT UNDERSTAND ITS CONTENTS AND DO VOLUNTARILY AGREE TO BOTT BURBLE TO CONTENTS.		THE PROPERTY OF THE PROPERTY O		*****	•	•
GENERAL TREATMENT REQUEST / CONSENT - INC - PRE-AUTH #: I. (Person signing request) Interpretable in Name: Am (its) seeking Am (its) seeking			A/A-PASS/NO NO) FAULT/REFER TO	O CITY ATTNY/AMD	
I. (Person signing request)		FOR RP/TX FROM ET CARSON		17.01.5		CI S
I, (Person signing reduest) Ihat (1" or Patient's Name) Care do narchy reduest and consent to such care encompassing routine diagnostic procedures (including but not limited to collection of specimens, drawing of blood samples, routine R-rays); and middual treatment by the " In consideration for such services rendered I do narchy agree to pay and accept liability for payment of all charges billed to me. I understand that it surgical obstations or extensive medical toccodures are required, these will be truly expained to me and my specific consent will be required. I also understand that the information in my medical record is confidential and will not be released to any unautroused person or agency obtained my formation my collisers. THIS REQUEST HAS BEEN FULLY EXPLAINED TO ME AND I CERTIFY THAT I HAVE READ IT UNDERSTAND ITS CONTENTS AND DO VOLUNTARILY AGREE TO ITS PROVISIONS. Bidinature of Patient American Countries and		TEN TO LINCIT ET CENSURY			SSS ALIMEL #	
that ("T" or Palient's Name! Care do noticity retriest and consent to such care encompassing routine diagnostic procedures (including but not limited to collection of specimens, drawing of blood samples, routine #-rays); and mediculi treatment by the " In consideration for such services rendered to netoty agree to pay and accept liability for payment of all charges billed to me. I understand that it surgical obstations or extensive medical indeedured, these will be truly expained to me and my specific consent will be required. I also understand that the information in my medical record is confidential and will not be released to any unautrorized person or agency obside the Department without my collisers. TH'S REQUEST HAS BEEN FULLY EXPLAINED TO ME AND I CERTIFY THAT I HAVE READ IT UNDERSTAND ITS CONTENTS AND DO VOLUNTARILY AGREE TO ITS PROVISIONS. Bidinature or Patient America Guandian: X PARENTAL BURBLE TO CONSIST MEDICALS.		L Dans on Grand and Control	GENERAL TREATMENT REC	UEST / CONSENT	FRE-AUIH #:	
Care do notaby request and consent to such care encompassing routine o agnostic procedures (including but not limited to collection of specimens, drawing of blood samples, touline X-rays); and middle treatment by the procedures including but not limited to collection of specimens, drawing of blood physicians, staff and employees. In consideration to the services remarked to netherwise the payment of all charges billed to me. I understand that it is uniqual obsertions or extensive medical indecedures are required, these will be tuny explained to me and my specific consent will be required. It also understand that the information in my medical record is confidential and will not be released to any unautricized person or agency obtained the Department of this REQUEST HAS BEEN FULLY EXPLAINED TO ME AND I CERTIFY THAT I HAVE READ IT UNDERSTAND ITS CONTENTS AND DO VOLUNTARILY AGREE TO ITS PROVISIONS BARBING BARBORD THE MORED					knowing	
In consideration for such services rendered to be return agree to pay and accept liability for payment of all charges evided to me. I understand that it surgical obstations or extensive medical indocedules are required, these will be fully explained to me and my specific consent will be required. I also understand that the information in my medical record is confidential and will not be released to any understand that the information in my medical record is confidential and will not be released to any understand that the information in my medical record is confidential and will not be released to any understand person or agency obtained in this REQUEST HAS BEEN FULLY EXPLAINED TO ME AND I CERTIFY THAT I HAVE READ IT UNDERSTAND ITS CONTENTS AND DO VOLUNTARILY AGREE TO ITS PROVISIONS DATE MONED THAT IS WARRE TO CONSTANT MEDICAL					am (is) seekoo	
I also understand that the information in my medical lucoid is confidential and will not be relieved to any unauthorized person or agency outside the Department without my collisers. THIS REQUEST HAS BEEN FULLY EXPLAINED TO ME AND I CERTIFY THAT I HAVE READ IT UNDERSTAND ITS CONTENTS AND DO VOLUNTARILY AGREE TO ITS PROVISIONS Date stone 0 Time 0 Time stone 0 Time		that ("I" or Patient's Name:	COMPASSING FOULDS O ACROSSIC DISC.	Muse (moluting by not limite	to collect an ed annual transfer	
MITCOL MY COINERS THIS REQUEST HAS BEEN FULLY EXPLAINED TO ME AND I CERTIFY THAT I HAVE READ IT UNDERSTAND ITS CONTENTS AND DO VOLUNTARILY AGREE TO ITS PROVISIONS DATE SIGNED		that ("I" or Patient's Namer care do nordby fertuest and consent to such care en samples, routine Arrays), and middoil treatment by the care of the ca			to collection of specimens, drawing i	ployees.
THIS REQUEST HAS BEEN FULLY EXPLAINED TO ME AND I CERTIFY THAT I HAVE READ IT UNDERSTAND ITS CONTENTS AND DO VOLUNTARILY AGREE TO ITS PROVISIONS DATE SIGNED		that ("I" or Patient's Name) care do noteby request and consent to such care en samples, routine Arrays; and medical treatment by the consideration for such services rendered too not forestend that it surgical operations or extensi	eroby agree to pay and accept liability British at recent too the required	ly for payment of all charges billed	to collection of specimens, drawing physicians, staff and em a to me.	ployees.
DATE SIGNED THE SIGNED SIGNATURE OF PATIENT PARENT'NEGAL CHARDAN' X		that ("I" or Patient's Name) care do noteby fertuest and consent to such care en samples, routine Arrays; and medical treatment by the consideration for such services rendered I do no I understand that it surgical containors or extensi I also understand that the information in my medical.	eroby agree to pay and accept liability British at recent too the required	ly for payment of all charges billed	to collection of specimens, drawing physicians, staff and em a to me.	ployees.
DATE MONED THE MONED PARENT'AEGAL CUANDARY X		that ("I" or Patient's Name) care do noteby request and consent to such care en samples, toutine Arraysi, and medical treatment by the inconsideration for such services renneted too to funderstand that it surgical operations or extensional transport also understand that the information in my medical transport is also understand that the information in my medical transport is afterned to the information of the same and that the information in the same and that the information in the same and that the information is my medical transport to the same and the sam	me eroby agree to pay and accept habili we medical procedures are required, lical record is confidential and will no	ly for payment of all charges billed . These will be tuny exprained to to the released to any unauthorize	to collection of specimens, drawing in physicians, staff and emit ditoime, nite and my specific consent will be red person or agency outside the Dep	ployees. equired. samment
DATE MONED PARENT'AEGAL CUANDARY X		that ("I" or Patient's Name) care do noteby request and consent to such care en samples, toutine Arraysi, and medical treatment by the inconsideration for such services renneted too to funderstand that it surgical operations or extensional transport also understand that the information in my medical transport is also understand that the information in my medical transport is afterned to the information of the same and that the information in the same and that the information in the same and that the information is my medical transport to the same and the sam	me eroby agree to pay and accept habili we medical procedures are required, lical record is confidential and will no	ly for payment of all charges billed . These will be tuny exprained to to the released to any unauthorize	to collection of specimens, drawing in physicians, staff and emit ditoime, nite and my specific consent will be red person or agency outside the Dep	ployees. equired. sartment
PATIENT IS UNABLE TO CONSENT BECAUSE		that ("I" or Patient's Name) care do noteby request and consent to such care en samples, toutine Arraysi, and medical treatment by the inconsideration for such services renneted too to funderstand that it surgical operations or extensional transport also understand that the information in my medical transport is also understand that the information in my medical transport is afterned to the information of the same and that the information in the same and that the information in the same and that the information is my medical transport to the same and the sam	me eroby agree to pay and accept habili we medical procedures are required, lical record is confidential and will no	ly for payment of all charges billed . These will be tuny exprained to to the released to any unauthorize	to collection of specimens, drawing in physicians, staff and emit ditoime, nite and my specific consent will be red person or agency outside the Dep	ployees. equired. sarment
PATHET IS UNABLE TO CONSENT BECAUSE AGE # MINOR	n ew	that ("I" or Patient's Name) care do notopy reducts and consent to such care en samples, routine. Rirays), and mindical treatment by to the consideration for such services rendered to on I understand. I'll if surgical operations or extens I also understand that the infurnation in my med without my collect. THIS REQUEST HAS BEEN FULLY EXPLAINED TO ITS PROVISIONS.	receitor agree to pay and accept liabilities entitly agree to pay and accept liabilities me medical procedures are required, licial record is confidential and will not 0. ME AND I CERTIFY THAT I HAVE	ly for payment of all charges ower. These will be funy explained to to to the released to any unauthorize READ IT UNDERSTAND ITS CO	to collection of specimens, drawing in physicians, staff and emit of to me. The and my specific consent will be red person or agency outside the Deponter Sand DO VOLUNTARILY AG	ployees. equired. sartment
	لتحط	that ("I" or Patient's Name) care do notopy reducts and consent to such care en samples, routine. Rirays), and mindical treatment by to the consideration for such services rendered to on I understand. I'll if surgical operations or extens I also understand that the infurnation in my med without my collect. THIS REQUEST HAS BEEN FULLY EXPLAINED TO ITS PROVISIONS.	receitor agree to pay and accept liabilities entitly agree to pay and accept liabilities me medical procedures are required, licial record is confidential and will not 0. ME AND I CERTIFY THAT I HAVE	ly for payment of all charges ower. These will be funy explained to to to the released to any unauthorize READ IT UNDERSTAND ITS CO	to collection of specimens, drawing in physicians, staff and emit of to me. The and my specific consent will be red person or agency outside the Deponter Sand DO VOLUNTARILY AG	ployees. equired. sartment
		that ("I" or Patient's Name) care do notedy reducts and consent to such care en samples, routine. Rirays), and mindical treatment by In consideration for such services rennered I do n I understand. I'll if surgical operations or extens I also understand that the information in my med without my consent. THIS REDUCT HAS BEEN FULLY EXPLAINED TO ITS PROVISIONS.	receitor agree to pay and accept liabilities entitly agree to pay and accept liabilities me medical procedures are required, licial record is confidential and will not 0. ME AND I CERTIFY THAT I HAVE	ly for payment of all charges ower. These will be funy explained to to to the released to any unauthorize READ IT UNDERSTAND ITS CO	to collection of specimens, drawing in physicians, staff and emilia to me. The and my specific consent will be red person or agency outside the Deponition of the physician of t	ployees. equired. partment REE TO

	1	
Pt. Addr: _		
Pt. Phone: :D Bed:	Hold NO	
Arr D/T: Arr By: AIRLIFERecord:		
Cond: Relg: MET Fam Notified? _Y_ Insur:\ Other:NO_NO_FLT Ins OK By #:	Within Comp Line Fault Li Raiser	
Problem/Accident: A/PASSENCER/	'GRNDMTR_HERE/SG	ı
NEW/ALL Triage Note: □ See Flow Sheet		
mage note. See now silest		
	Physician's Note:	
Subj: 70 ma & unicationized f	ringsician's note:	rejec mech
Initial Eval sevented	Luce Head at torcated	abiant a designed
Skull For Intibated mult I	o attenuted circution.	attental
Te have by helicopten.		
Obj: == / Thi-hutrel persolyzeel	later with all coloni	cycs vien + IMPE
T36' R Ver 9182	B170/7 100 8 on UL	
HEFINT fuelling of out	Sculp. leffil zum.	of clev-
Pulm: CTH B BG: CE	Con After Tochy en	
ASC. NO EBS. Goff.	LIT EXA P. Tib : I	0 line in 160
developed quelline a	roux: it. l'enr. Mon	e e
The state of the s	Diese Li Taraba 1.10 h	
ED Course: Wulf Lines aftery	1.1 6. 6	1 d. d. seller : male
Ale 4	1 AG	- ituca, ochia Fivs
Lab.	rd of B. For or C.	auditation loca
Sah remained gree	ζ'	
HR 7 to		
A60 015(-)		
TIH EN	CAR: FTT ch olives	
DS 171		
take, 40 0		
Lab / X-Ray / EKG Results:	1 2/ =	
Final ED Assessment: 4060 1014 140	maticus [black Klo B]	47
Discharge Plan: Tuten to OK	<u> </u>	
Time Pt Left ED:		
Time Pt Left ED: Final Pt C D/C Instruction Sheets:		ir Serious 🗆 Critical
D/C Instruction Sheets: D/C Home: D/C to Jail: X(er to:	Prescriptions.	:
Admitted to Roor		Prof #:
Other	Care Giver.'_	Prof #:
Return to ED PRN	Supvsng Res	: Prof #
ED Return Date:		
F/U Clinic Date: Da	e: Attending:	Prof #

TRIAGE ASSESSMENT TRIAGE	1/ 11 111	· ·
NAME:	ــــــــــــــــــــــــــــــــــــــ	·
DATE: 46 DHH#:		-
DOB: AGE. Om	SEX. 9	
ARRIVAL MEANS: "J DGH Amb. J Pvt. Amb. & Helicopte	er I Wali	2 [Glo
PRE-HOSPITAL CARE PRE-HOSPITAL MEDS		JCEAR JORA; AIRWAY JNASAL AIRWAY ZINTUBATED
O2 Via 🗀 Bag 🗀 Mask 🗀 NC	AIRWAY:	LASSISTED LOSTPUCTED LASSISTED LASSI
□ IV PTA# ML INF	CIRC	ALMANAL CAPILLARY REFILL DELAYED CAPILLARY REFILL
	·· SKIN	TONY TONE TONE TONE TONE TONE
□ BACKBOARD		ALLERY JCHAMAY JDIAPHORETC
	MENTAL	LICONSCIOUS LICONSCIOUS LIETHARSIC LICONSCIOUS LIETON LICONSCIOUS LICONSCIOUS LICONBATIVE LICONBATIVE
ALLERGIES: 2 NKDA 3 UNKNOWN	FACE	LIATRAUNATIC ABRASIONS
	HEAD	LACERATIONS
MEDICATIONS: NONE JUNKNOWN	: PUPILS	SECURE JUNEOUS JACAREACTIVE JELUGGISH JACAREACTIVE
		CAGE 2 0 0 6 0 7 0 8 0 9
Pal	EARS	JOLEAN JIEMOTYMPANUM R L. JRLOCO EXTERNAL CANAL R L.
LAST TETANUS TOX: / ATT WEIGHTOLD	NECK	HARCHEA MEDIANE LITRICHEAL DEVIATION R L HARMANIC LABRASCONS LIACERATIONS LITRICHE LIMENTOMAS ACCURATE LIBER LIMENTOMAS
PAST MEDICAL HISTORY:	SPINE	PAGEST L' HECHT-MONTOL COLLAR LEFT ON LONG LAND LAND LAND LAND LAND LAND LAND LAND
	CH€ST	SYMMETRICAL EXPANSION LASYMMETRICAL EXPANSION ATRAMATIC LABRASIONS
none.	BREATH	J'CREPITUS JUCERATIONS
HIGH RISK MUTRITIONAL STATUS: 21 YES \$2,00	SOUNOS	J.COARSE J.WHEEZING J.DECREASED R. L.
EXPLAIN: ACTION TAKEN:	ABDOMEN	SSOFT JERM JABRASONS SEAT JOSTENDED JUCERTIONS JIONTENDER JIEMATOMAS
SERVICE LEVEL/ARR TIME LEVEL/ARR TIME SURGERY Resident/ , 2A Chef/ (2A Abendre)/	:	BOWEL SOUNDS: JACTIVE JHYPOACTIVE VABSENT
SURGERY Resident / Chef OA Asending / NEUROSURGERY Resident OA Chef OA Asending /	PELVIS	J'STABLE JUNSTABLE JABRASONS J MONTENDER J'ENDER JUACERATIONS
ORTHOPEDICS Resident / Chief / Attending /	UPPER	SHORMAL LIDEFORMITY LISWELLING SEQUAL PULSES LIABSENT PULSES
OB / GYN Resident / ! Chef / Attending / OTHER Resident / Chef / Abending /	!	JARRASONS JUACERATIONS JORNAL JOEFCRUITY JSWELLING
TRAUMA SITES	LOWER EXTREMITIES.	JEOUAL PLASES , JUNEOUAL PLASES JASSENT PLASES JUCEPATIONS JUCEPATIONS
1 LACERATION/SW 2. PUNCTURE/GSW	BACK	JATRAUMITO JABASIONS JIACERATIONS JNONTENDER J TENDER JREC'
1. FRACTURE 4. ABRASION	SOCIAL	SLINGH RISK FOR ABUSE FXPLAIN
5. BURN 6. DEFORMITY		GLASCOW COMA SCALE
7. AVULSION CONTUSION	TIME ON ARRIVAL	E.O. B.V.R. B.M.R. TOTAL
9 CREPITUS		
10. ECCYMOSIS 11. HEMATOMA		Deening Best Verbal Response Best Motor Response neous = 4 Onenied = 5 Obeys Commands = 6
12. OPEN FX 13. PAIN Tail Tail Tail Tail Tail Tail Tail Tail	To	Voice = 3 Confused = 4 Localizes to Pain = 5 D Pain = 2 Inappropriate Words = 3 Withdraws to Pain = 4
13. PAN TUIL WIT THE TAIL	; 	None = 1 Incomprehensible Sounds = 2 Flexion to Pain = 3 Norte = 1 Extension to Pain = 2
TO 1-11		TRAUMA SOORE NA . 7 000
	Respiratory 10 - 29 = 4	
70/	>29 + 3 6 · 9 + 2	0+0 76-89+3 0+0 9-12+3 3+0 50-75+2 6-8+2
<i>}</i>	CIRCLE THE AP	PROPRIATE BIDICATOR SCORES ABOVE AND ADD THE THREE SCORES BELOW Respiratory Rate Score
whis du		Systoic BP Score Glascow Come Score
		TOTAL TRAUMA SCORE



6-013 (5/96) DHH

_																	
			V	ITAL SIGN	s			,	GCS		PUPILS R.Reactive N-Nonreactive			AEDICAT	ION DRIPS	3	
	TIME	ВР	ня	•	SAO ₂			ε			L R	MED cc / hr	mg Ng mar	MED cc / hr	mg kg/min	MED cc / hr	mg-kg/min
•		10/35 116/59	15) -153	vens vens vens	91/2 100	3/0/R	100%	ا ا ا	F)(F)(F)	75 1/'			:		:		
		48/12	222	ren	ack	Hol	60 ⁷⁶	1	<u>(</u>	<u>ا</u>		#R	şm⊃()	al J	xle H	,	
6																	
C										 							

	*All medications must be ordered an	MD	TIME		RN
IME	ORDER	INIT	GIVEN	ROUTE / SITE	INIT
			1		
		ļ	<u> </u>		
					I
		 -	1		
		 	 		
					<u> </u>
		1			
					
			 		
		<u>!</u>	!		
		İ		land	_
				The state of the s	
		 	 	lain,	<u> </u>
		<u>i</u>			
				Plus	
		 	 	Just 1	
		<u>!</u>		alisted ,	
		<u> </u>	1		
				Marille -	
		<u>!</u>	 	-	
		<u> </u>			
;		İ			1
		† 	_		
	LABORATORY DATA	· -	. ·		<u> </u>
ME	TEST RESULTS	1	-	et.	
	HCT RESULTS	1		Jack	
	CBC	TIME	_*"	HESULTS	·
	SMA 7			***************************************	
$\neg \uparrow$	AMYLASE ,				
	YPE & HICK / Haligyots	 	Man		
8	RIBLD ETOH (PA VOTE)	Γ .	1.4	<u> </u>	
I	UA AU	[`		-	
	PT/PTT -	Γ ×			
1	BHC G				
1	CCU Labs	_	MI / L.		
+	D-STICK /7)		1		
	LFT's		12.1		
	DPL FLUID	\	150		
	UTOX		let		
- +			/		
			-		
			-		
ן דע	SIGNATURE	let the		· · · · · · · · · · · · · · · · · · ·	
5	_	1/2			
		16.51	:	•	
		detin			
		Lange !		j	
 -		Nie State St			
1		\ \			

COMPANIES TO STATE OF THE STATE	সংক্রম, কন্তর্ভারেশ্রন্ত লাভার বিক্রমণ্ড সালা ভারতির
	
·	·
·	
IARRATIVE NOTES	
	1 2(1)
I ma I to ED y'a chapas	
in geardinais lap-glaines of a	- accidentally
hit are pidal instead of back	se and car hit
walk. Child helmeted ws zu	rejant of grandma
crashing child Child crain	, or arrival to other
ED became lethnice and in	de intrafect de to
JUMG. Had head Det 1	Porto (t) Clorocció
Shull fx & Subrachmid. Ill	elf IV 10, attaints
. 7.	17201 1200
	TONTCHONCE
QLE ID. Mosmocire	75 1 0 0 11
" Myssesstal mutiple	21 L'Centraline
attempts per substances tos	a. leoisale
Le beath V. tack Junion rec	Shool agentanoay
Lot toley coth ingerted 2 64	21-12-1 July 2011
2/2 yellow voice /washing li	getts on.
TO OR 3 IV access De	7
•	
	· · · · · · · · · · · · · · · · · · ·
*	

The Section of the		and the second of the second o
.		ADMIT BLUE GRAY HOUSEOFFICER: ATTENDING: TIME SEEN: AGE 70 Caucasoo Latin Indian
	HP -	MVAMCA? HIGH RESTRAINED V.N DESCRIPTION
		DRIVER LOW HELMET PASSENGER WINDSHIELD DAMAGE STEERWHEEL DASH G S Head INTURATED S T Neck LOC W A Thorax B Abdomen TRAUMA ARREST Extremity INTOXICATED LOW HELMET Y N Unvertiminal child in Front Unvertiminal child in Fortellical in Unvertiminal child in Fortellical in Unvertiminal child in Unvertiminal child in Fortellical in Fortellical in Unvertiminal child in Unvertiminal child in Fortellical in Unvertiminal child in Unvertiminal child in Fortellical in Fortell
i i	MED	MI HBP ANGINA CHF STROKE DM SEIZURE ASTHMA COPD PUD LIVER HEPATITIS KIDNEY DZ HIV+ PREG Y N ALLERGY: NKDA PCN SULPHA CEPH CODEINE OTHER DESCRIPTION:
	SURG	LAPAROTOMY CHOLYCYSTECTOMY APPENDECTOMY HYSTERECTOMY TONSILS HERNIA DESCRIPTION:
	MED	NONE ASA COUMADIN DESCRIPTION: DESCRIPTION
U	V S	FIELD BP P RR T GCS DESCRIPTION: ER
	PHYSICAL EXAM	HEAD EYES TMS R WIND ABNIL NECK WIND ABNIL CHEST R WIND ABNIL ABD WIND ABNIL ABD PELVIS RECTAL GENITAL BACK EXTREMITY R WIND ABNIL W

TR	AUN	IA E	/AL	UAT	ON										\neg
SPUN HCT D P L	GROSS - AMYLAS GM STAI	PT PTT + ·	RBC _	NA K+ CO CL BUN CR GLU ALK PHOS HER:	WBC	-	PH CHEM		1 * 1	P S H	COCA	INE YLATES	L F T	AMMLASE ALK PHOS _ LDH BILL SGOT SGPT	
				N/A	·	DEN	DING	- DI	ECI II T	~	,		DEL	*****	
C LC	NE LAT AP OOC/IS HEAD ABD TOGRADOP OGRAI	OMEN M H REMITY							₹ SULT		-	~(F		yachrus hem red shul	
DIAGI SYS NEUR RESP CARD	NOSIS: TEM :		>	₩ C		IVE FIN	IDINGS						FOLL	OW UP	
ORTH	ing Resi	 ide						 At	 tendina	 3 Si	aff				\dashv

*				
		PROGF	ESS RECORD	
	DATE TIME	PROB.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A=ANALYSIS P = PLANS	
<i>C</i>			Mo ald & transferred from	
ا	CT sce	an-	passenger on mo lap thrown into windshield. \$600, cried	
C	closing of SSS	\$ 700 M	first, thin stony become lithoughtist, thin stony become lithought become lithought become lithoughted, flow here & IV access. Miltible	ーなったー
£	-	Ø	attempts @ IV access in With CT scan + no exam, decision made to take pt	4
			evacuation of hematoma. Pt awoke to letharry, moving L-P to put In OP, HP > 200 SBP 40's-16	14-14-0
406	ATTENDING P	HYSICIAN'S		T 1
C	Dale:		Signature: , M.D. ATTENDING	

USE BOTH SIDES OF THIS FORM

F20-103 (6/96) DH

-			
DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A=ANALYSIS P = PLANS
			DESCRIPTION ASSAULTS PEPLANS
			IV access extremely difficult
			20 harrondenta
工	J41	al	· spossing a
No	+ 2		(F) Frontal ame a sold
PLSU			A co oct proposed
HENT-		2	100
+ nor	•	. !	made 100 monitor inserted
-		i	Pt tol nos 2000
	lly,		bio wex.
	Homa	•	IV access obtained BLE
profin	. 11		pt given blood - Repeat
	مر الم	:	Net allo.
Laut	_ ;		
i_ Ø	creps	and	Lather than a risk opening
CV-R	RR 3	MAG	sagittal sinus, DY- Vaken to
,		eff	
	56	,	shows SDH actually
	//:		Smaller than original scan.
		+0	Will cancel OD for
News	- 50	letel:	now - watch ICP closely
<u> -</u>			
-			
<u> </u>			
! 			
 - -			
L			
ATTENDIN	G PHYS	ICIAN'S N	OTE:
·			
Date			Signature: , M.D. ATTENDING

DATE	TIME	PROB. PROBLEM NUMBER AND TITLE PORMAT: S - SUBJECTIVE
 	•	NO. FORMAT: S = SUBJECTIVE O = OBJECTIVE A=ANALYSIS P = PLANS
		N.S. Aller
2-7- 2-5		I find your the ? one is gil or its wor will the
**		The de 1777 in the second set
		the DK. I would the oriented recoin I being the one
		and of the or after I was
		M. most O.K. Chit is interest but would make all
		+ strate - (?) Letter the left. Pijk ar ? 13 and
		de not unt to light. The is a papel dying the
		O fate has with very refricted hatfill finting.
		FIR'S Of CT IS I I hatfield ferrious.
		TIK'S Vo. CT War to dep. It all ale
		landon one the light paid consist & coming of the
		the a for Kley a live The Silve
		Courty. The fin storm vilar of comming las
		The specific
		It has her infraed to spread on IV aum
		or till type to get IV own.
		or dill type to get IV owner.
		I make a derive to and the of + next
		a Como monte. The Jel un 22, We will plon
		to the year of the sell plan
		to dition a CT ofter the gon sugar gt a CT down.
TTENDIN	G PHYSI	CIAN'S NOTE:
ite:		Signature:
		USE BOTH SIDES OF THIS FORM

USE BOTH SIDES OF THIS FORM

DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE Q = OBJECTIVE A=ANALYSIS P = PLANS]
				. (
		_	ite fant windstuff for front sent	} '
			to marrie has injury	-
			o do for our love by difficult	
			And manar built fundly to face	
			Alter X 2 m (mobile to me B	
			graillie to OR for R soplans	(
			placed & Q 4 F central flat placed.	
			Mendel My	
\dashv				
				-بر
				(
\dashv				
rendi	NG PHY	SICIAN'S	NOTE:	
				

DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A=ANALYSIS P = PLANS
-			-456-
		HP()	Pt is 7 m/o -item of unrestrained passenger
			who lit windshield today (mechanismi coming
			into driveway foot slipped for bake onto accel.
			+ car hit house -> baby to windshield). Pt
			brought to local where first approp to then
			became lethangic + tx'd to in
	ļ		displan & IV access 2° failed IV a 1.0.
	ļ		attempts. In here unable to achieve IV
			access + pt brought to OR for cut-down.
		ļ	Pt rec'd Ofemoral line + (P) saphenous v.
	ļ	-	Inch to CT Street + ICP bott. Apparent
	 	<u> </u>	not drawed 20 venous access prob.
		-	+ pt went for repeat head CT which showed
	-		(1) subdual hematona T (1) mass effect +
	ļ	 	2 1'S () frestal bid (Original Head CT
	ļ	 	showed depressed skull fx, torn sagital
		 	sinus, la Doubdural +? small (R) subdural)
	 	 	Abd CT -> No liver, spleen, renal IX.
		<u>i</u>	Chest CT -> sit I in vol. in (L) chest.
Ĺ			showed ETT @ carina
		DM	To good exp. of 5 focal infiltrate. H: φ prev med probs has had "cold" for last wh
		FM	x; D been med brook - nrs mad cold in 1-31 d.
Datai		<u>7 II</u>	
Date:			Signature: USE BOTH SIDES OF THIS FORM

DATE	TIME	PROB.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A=ANALYSIS P = PLANS	7
			SHK: Pt lives & PGM, PGF, FOCHO, 2 uncles,	7
			+ friend of family, Dsmokers	1 ~
			PCP - Health Clinic th	1
			12's - UTD (seen records)	7
		<u> </u>	PE: W1: 7.8 kg	1
P-	140,2	:	I: D5 4NS . 20 m Ep KC1 @ 32.c/ = 1x	mant.
_	115/65	(80)	HEENT: KP bolt frontal in place, PERRI	
<u>ICP</u>	- 11		M's 3 drainage, OP 3 teeth oclear	
			abrasions. Face & abrasions /ecchymo	ges ,
			lings: CTA(B) & ETT	
: :			CVS: RPR 3M + FPB, + DPB	با ت م لا
			ALD: SOFT ND GRS GHSM	(
L			Extr: Likes: (R) radial art	
<u> </u>			L) temoral vn]
-	·		(R) saphenous vn.	
	 :		pobrious fx	
:			Neuro; retracts all extr. to pain	•
	<u>-</u>		T beat ankle cloner (B)	
 ;	:		Pateller DTR's 1-2⊕ (B) Tx 1 Pt rec'& 80cc pRBC's	
:	-		11: \ 91/	
			Labs: 24.2/24.6 355 P63R13L24M8 K-4.1	6
Ī			Het - 27.2	
			Hd-29.2	
			Lactafe: 3.6 → 3.2	
			PT-14.5 (NZ-1.47 PTT-29.4	
			F1B-137	
			ABG - 7.44 (25 (39C) 17 -6 mb-30 2/5	र्सक्ष- १००%
			Meds: Dilantin 160mg IV x t then 25mg IV bid	
			Ancef 250mg IV 88°	J
ate			Signature:	

PF	30	GR	ESS	RE	CO	RD
----	----	----	------------	----	----	----

	DATE	TIME	PROB.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A=ANALYSIS P = PLANS
		((1)	4	A(P: 7 m/o s/D MVA - mrestrained psar
				an lap in passenger front seat z
				(B) subdural hematomas + form sag. sihus c
				ICP monitor (remaining <12). No evid.
~ ~				of chest, abd. trauma or bony fx's.
				Now on vent (weaning) + 1/0 BAT
				protocol.
				FEN: Pt on 1x maint will V lytes (BOW) Cr
				Resp: Pt on vent @ rate 25 20/5 .4 32
<u> </u>				Will wear as tolerated (Ving ABG's) &
			ļ	try to alize pCO2. Plan to try
				to extub. m AM.
				CVS: Stable BP's = good periph. pertusion
\mathbf{C}				10: On Ancel for ICP both prophylaxis
				Gl: Pt MPO. Good BS & benign exam.
				Will monitor. No evil, for viscus
				pert: Ofhis time.
				Nouro: Pt & ICP remarking 8-12. Sitly
904	<u> </u>			sedated but eyes upen - wate occas:
		L_	I	Withdraws evenly to path & grossly
				abn. exam pupils equal + reactive.
				Hene: Will tollow Het.
í				
	Date:			Signature
	Dale.			Signature: USE BOTH SIDES OF THIS FORM

DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIV' A=ANALYSIS P = PLANS
			P23 Note
-			Pt seen + d/w.
•			
=			No + Surgeny as well as Pel.
- 1			It is a formo old unhertrained
$\neg \uparrow$		4	Jenurenger enting on ance las
			as inting duning on
		-	garangens side. Denvius
			fort slipped from brake to
		4	gas peddle to cin bundled into
		~+	honce. Unld Struck head on
			W/B although airban
			enjaged. No Loc -
			to tour En where writed
			to have Methangy.
			(1 scan spared 1) frontal
			Depressed shall tx, town saythor
			somes, farce () guldeneral + ?
		 ₽	mall (C) gorbournal. Panalyzed
			+ Et placed + hypewentetatren
	1		Mnable to get IV access.
			
ate:			Signature:

DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A=ANALYSIS P = PLANS]
				1
		 	to outrin IV	4
		 	access in on proluding 4710	_
		 	25/C, B ferroul, cuttons	(
			(B) Gupherons, Frielly	1
		•	act in the second	
			acquired @ suphenons @	
			famount acus + @ nadial	
		/	aut line.	
			no evacuation done I onl	
			part as conceun for pleeding	
			Sugarion Sogstal Surius.	
		—— <u>A</u>	beginning to armee -	
			migraning CT scanso	
			elited to bottomber +	6
			TCP=12 Anitial Het= 299,	
			Transformed t 40+20+200c	
			PRBC. O Sequential Het-	C
			273 + 25.50.	
			Initially prosument or	
)
			liberalized vent + volu at	<i>-</i> -
			28/5 Nate 30 c last cas	•
			7.44/25/396/171-6.	C
			Intial CBC 24 8.4 35 6353B	, i, M
	İ	1		4.9.1
82			126 F/4PL	7
刘			138 205 TCal.03 27	/
-7+ -			4./	
TENDIN	IG PHYS	ICIAN'S N	IOTE:	
	M	hd c	T- lots of air want	0
		400	7-10th of our Near Fernand here (5) Phact - D subdural - marcy Tignaturé: Val 1045 Chest of	100
	-	الماس	1 (1- Dult - () Enthural - marc of	Cet .
	— CY	rest	I = 17 ml la la 17 min	~
ite	- /	01	Signature Chres Chrest U	_

DATE	TIME	PROB.	DRORI EM MIMBEO AND THE E
DATE	TIME	NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A=ANALYSIS P = PLANS
			PE
			BP 11456 MAPTG 7 CP 76 FIOZ.32
			1 Dz Sats 100 General Stuping-Armes
			HEENT - Head = bolt pandaged
	·		Eyes - pupils 2-3 mm Treature
			Month of Jenins
			Nech - C-gring me contrain
			Withdrawstimin LE B?
			Skort - non 3 rub/caller
			Lung- Emul Bg.
			Abd- Good BG NTIND
			DTR-2+ 1 beat classed of but
			A) 7 me old = B) + (B)
			frontal depresent shall for
			Fan - Manita perluce in/
		4	Strid Sotres
			Bug- wear vent to standardies
		9	DC07 + FCP (15
Date:			Signature:
			USE BOTH SIDES OF THIS FORM

DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A=ANALYSIS P = PLANS]
			CV- stable -	1
			D- 4001/ - 1 14/C	·
	•		The - Wif pening = fort /fx	(
		<u> </u>	Pro la la de la de la la la la la la la la la la la la la	ł
			107 MITON. 0	
		-	OI - Vanylige.	ļ
		ļ		
		<u></u>		
				C
				_
			·	
				(
				· ·
		I		
				. •
ate			Signature:	•

DATE	TIME	PROB.	PROBLEM NUMBER AND TITLE
		<u> </u>	FORMAT: S = SUBJECTIVE O = OBJECTIVE A=ANALYSIS P = PLANS
, ,,		 	
12 d i			Fru & Sip as well thom stowers olde
			Coile mufietel -> lethingie Total 40 ED ylung
PruH	ø		steetend de la vy 1 time -> intalited form tal.
125.4	e di		Flow by heligher hon 12
NYD	1}		Sets be Rinty - butter on arrival hare is
alle	15	ļ 	adequet is sept. Ditrutt Iv acres - 10
			on wirel to Bift ilectory
			NS: 149, +04/5-118/62/82) IRP-11 CPP=7/
			Vent: JM254 / 3571 Fu: /5 -ABS 3.44/25/346/17/-6
			labi: 417 27 125 = 1 (actite 3.2. Não due: 2
			In 50 1900, 24 + 24 = 355 PT TOT = 14.5/79.4 = BN = 137
			14 = 138 K = 4.1
			Now Report Ct Detr - JESDH I @ moss - Heat
			Whombal bleer) milly agreed frombal shall For
			Austinia and massivery 14. Europain
			ct in Am for the ICF 10-20 i Minister
			low a clien of sent tonight as TOI Clast CT stone
			I long fill in O base. Car gred linglammation
			Grein. CATX ETT too low - ETT mbled back i can
TTEND	NG PHY	SICIAN'S	NOTE: W: Tailing but 9w 10 stille Iis"s -10. Kup
			MAP > 80.
			64: God U.O. Hom 1 HETS GY"
			GE: NO LIC But pritocal Ind Soft
ate:			USE BOTH SIDES OF THIS FORM out just fully for buff.
			LISE BOTH SIDES OF THIS FORM



DATE TIM	PROB.	PROBLEM NUMBER AND TITLE	
	NO.	FORMAT: S = SUBJECTIVE O = OBJECTIVE A=ANALYSIS P = PLANS	
	_	HD=2 We + (Ant+1 (N surg)	
		Bats: Pt waking up and make L7 Exhibited hoself	£1
Diledi		6 53:00 the good gos and wallat wice	€.1
Laguet		VS: Ta= 384 T= 382 172 32 114/52	
-Left_		MAP = 74 ICP = 11 CPP = 63 ST3 48/6 ,2 2576 24	
Type on		I/0 = 165/72 over 50 = 1.400 hardhar	
Albert	/ 01	Plates > 135 109 10 125 Ayles 25	
		Port Euro No = 7.32/32/12/16/-8.7 in 2600 NC	
		Nows: hade my quake MAX 4 27R	
		Vive intact. W/ Dog prin Good hand gry @ raps ship.	
		Pulm Established build bic willing by 38th.	
		vise this our book sate on 24.	6
		Wy tody to 190 now - Box D.C -8.3 C 10:40	\se_
		4hm - 8.7 6 0315 p Mhmin 6050. Heeple	
		do six flind plus will six It wilk belie us	
		Follow the closely will - this in 30 mintes.	
		GE: Cont NO. Abd very soft NT NO. Allow	C
		scan 5 agration while awake	
		Cen Good 40 surfer use	
		Home twinky HIT. Cont & holler to 40 34T.	
		ID strong usco D Aus of falt populars.	
		/, h, */	(
		son Tagant. Dilah lend fish.	
		Man to interest for sugar when HET'S clared and BAT BOOK!	
······································			· ·
ate		Signature:	

TIME	PROB.	PROBLEM NUMBER AND TITLE
22/		FORMAT: S = SUBJECTIVE O = OBJECTIVE A=ANALYSIS P = PLANS
	19311	200 es
,	CHENIN	from toward well, IN slightly , Kenting dong as the
ch, la	day 1	sing your if 0415 NIS 78ce, into a year willene
414	mill	line inflitted to refer lieux actified hudebrene
120	and	IV lung capped , Patient's tube astapped by RT / nuce, or
inte	and	tube distract, DI amber gum via mark was 421 160
ed ada	hinter.	wa month, aly placed at coso, and placement vid
ai 4	oris, li	64's done, The win wiener notified leiberterol Adb
744.	1764	a & indulation, muld studen, contractions o acous
e 02	2.100	with 98-1001 Till in the state of the state
ulace	· // a	Nats 98-1001 Tylindi quem for discomput. 507
18	1 3.	ul 97 ce of elean yellowing Resp. erature 62 6/1
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	I have entuct igized wave from , o Stock une
23.844	- 100	41 maracey for vers ant exchait dearinge - Things
-731	1 / 1	Tylereignen , 2 1/45 armis Therporter
		Signature:
	201/ (4, 10) (4, 10) (1) (1) (1) (1) (1) (1) (1) (1	ME NO. The Stay of California Canda and contract and canda

	p. 1		1	
DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S'= SUBJECTIVE O = OBJECTIVE A=ANALYSIS P = PLANS]
			Peds R. PN	
			S: Pt extubated O/N + impr. MS	
			To low ICP's.	
·			D: 7-385 (160-170's 30's 14-114 MP-68-18	
			0 133 (1 (C) 43-61 MAY-68-48	r
		<u> </u>	I: 132 cc/kg/d nd D54NS+20~8,KC1 @1	x maint
			Zeeltg 25% Alb.	
		 	Ducka NS bolus	
		 	0-1.5 cc (tg/3	
1381	102/	h).	Gen: Awate, alert, MAES×4	
	13.2-10	. 7 16		
N. (lungs: CTA(B) CUS: RRR & M	
	tin: 1	1	Lines: (1) antecub V. COS: REK & M	
IcP:	4-13	ļ	Lines: (L) antecub v. nell-pert: if	CRECS
			A/P: 7 m/o s/p CHT (head -> would shield)	¥ 1.
			now extub & impr. MS + n1 (CP.	Ď.
			fEN! On marut. fluids, lyter of xe	
			low Licard, Good on ARG's	
			Resp: CTA(B) - Bredhing confortably	
			3 p extent - 7.39 [23/228/16/-7.4]	A STATE
			CUS: Good perf. , BP slf T. Will Glbu	
			10: SH fever. Will follow on Uncer	i i
			Hene: Cont VHd	
			Neuro: MES. Waking, Good ICP's.	
			? remove bolt	\$2539
			G(: NPO = good BS + () gas, ? po's	ka tir
		361	Pt now extub. & Peds will sign-	A 🚦
			comanagement. We will cont.	Ž,
			to follow & notify 1º team of	TERTIVA
			?'s (suggestions Thank you.	8
			130	Extendenous substitution of
		•		
ate			Signature:	2.
				•

DATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A=ANALYSIS P = PLANS
			Musing liplate To To shift: Cr. Rimered tachyardic lac's
			Blatter and proof. Or the record workers to 1005
			BIP "This + when appetated 12 /2013. Afterile, The C 1320 C 234
			reported to
			Performed by Baby Gram Endered
			and empleted next Het ordered for 2000 CFP 50-60's
			Kup: Preathing 3 labor, Occ. love cough noted.
			Continues on 1/26 Oa year No. & Nats in high 90%.
			Muro: will a good strength Chies a later year
			and Ctures on Sun appropriately respondence to
			family. 10P 3-20 when calm + to 30's when Expiry.
			Edt idact turbon drug in place.
			Silou: filey de't & 1330 witting diapers since, 110. WNL
			UA Dent. Stool XT love at beaun Votesaling clear liquids
			5 enesis and North odustration grin Innered him
		,	fulled in Am by Surgeons Q leg, Groin + O lotia edenseton
			y from Am. (B) antele outdown IV do'd, Social Camely &
			bediede throughout day; Grand nuc often tearful westalize
			pult tulings, all interactions caring and
i	i		and the state of t

MULT IMPROVUS. INMUMA W/W NUMBERANTE FOR

HEM INJ. NO WINMIE OF INTRA-ABO INJ

CUI DWN LINES / 10 GUT. PLANE REPROSE &

Date: BEGIN FIEDSGnatule NO DO W/IN 12 -21

F20-103 (10:94) DHH

USE BOTH SIDES OF THIS FORM

Tall 1774 FORMAT: S = SUBJECTIVE O = OBJECTIVE A=ANALYSIS P = PLANS PROB. DATE TIME of whit reports Tackycardiac 140's while sucep 160's when awake - Much mentioner mout, cap light (2510 E secrement cough noted & wecked one situachers, D2 s1C'd at 2000 pulse or 96-90's God west hound & BSy al, diaper wer & Jours stool totaling 12st precipedale te - advanced - 500 aniel x2expuring 3 deffectly - Ofener swallow, classa invarionent, other sites & tedness mg > withouseties won to buch MARTERY - PEAKL DD) 05 - percenterful redung JEPLOLF by runesaupy & 2030, saw chan by morne seach intact, former, reconge Giror C. Collar removed by M. P. Milicated for compact x 3 : Tylinos & relief. Grace Gludsile, asking a piproate, ?'s , weaponts to pt Date Signature:

DATE	TIME	PROB.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A=ANALYSIS P = PL
			DE DESCRIVE DE DESCRIVE ASANALYSIS PEPL
		i	13=17, 118/54 DR 46 +1R/0
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			HCT+2(7,9
			W3C109 PH 160
			138 108 2.0/ 99
			4.1 20.7 0.2
			Allero : cencile, abot, crisis a
			Execuring extravely but
			Conce (a le fayer) ocos
			4. take
			(1 Scan: enclosinged Bulgale
			hemaiona, SOTK jesit
			Some nove per los
			AP: newol sale
			Follow Fort
			Dic 4 (-
			Charlet Come
			San Contla
- 1	·		
ate:			Signature:

ATE	TIME	PROB. NO.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A=ANALYSIS P = PLANS	
- -	l	1		ę
			V95, afebrice	
			feeding Cotter, but still some	
			bues & yesterday	
			R) to (1) Cond Charling Finali	
			, & swelling (R) eye and vortex	(
			MP: (1) We will Sign of Roman	•
			in Tuck a out satist	
			(3) and anango If () in NSing -	(
	<u> </u>			
•	1,		Neurosurgery 404	
			Pt awake alert playful. Good Po yest.	
		-	CV RER lungs CTAB Abd soft NT/ND OBS	
			Neum - alert, tracks Eom E. PERRIA, reaches + grasps 5	
			PARRIA, reaches + grosps s	

	Р	ROGF	RESS RECORD
DATE	TIME	PROB.	PROBLEM NUMBER AND TITLE FORMAT: S = SUBJECTIVE O = OBJECTIVE A=ANALYSIS P = PLANS
			difficulty. Good strength. Wp all Yest
			2 No lakes this Am
			Ap .) Stable No neuro deticits. 2) Good ro. Rest of examinal 3) Will die home today. Flu i Noung Tus E Head CT
			E Head CT
			•
Date:			Signature:

USE BOTH SIDES OF THIS FORM

DATE OF OPERATION:

SURGEONS:

PREOPERATIVE DIAGNOSIS:

Large bilateral subdural hematoma.

POSTOPERATIVE DIAGNOSIS:

Same.

PROCEDURE:

Left frontal intracranial pressure

monitor insertion.

Estimated blood loss: Minimal.

Drains: None. Complications: None.

This is a 7-month-old female who was INDICATIONS: in which she transferred to us after an sustained a left frontal depressed skull fracture and an apparent subsequent tear of the superior sagittal sinus. When the patient however, she was in shock arrived in the apparently from blood loss into this rather large subdural hematoma and vascular access was extremely difficult to obtain. The patient was where the pediatric surgeons first obtained vascular access. We initially considered removing the subdural, however, because the patient was obviously so hypovolemic, preoperatively, we felt it was not safe to begin any operations concerning the sagittal sinus without proper vascular access and instead opted to place an intracranial pressure monitor and evacuate the hematomas only if the intracranial pressure was high.

The patient was taken to the DESCRIPTION: emergently and placed in the supine position. C-spine precautions were maintained as her C-spine had not yet been cleared and a small area in the left frontal region was prepped with Hibiclens and draped in sterile fashion. A small stab incision was made in the scalp to the periosteum and a Camino drill was then used to drill a small bur hole in the left frontal bone which was obviously somewhat mobile due to the patient's fracture. The Camino ICP monitor was used for this insertion and the bolt portion of the kit was then affixed to the patient's skull without any difficulty and the fiberoptic transfuser was passed through this bolt to approximately 6 cm and then back out to about 5 cm. The initial ICP obtained was 12 mm of Mercury. The bolt was taped and wrapped in place using sterile Kerlix and Kling dressing. The patient tolerated this procedure very well. Because the intracranial pressure

DATE OF OPERATION:

was normal, it was decided that no evacuation was to be done and we continued with fluid resuscitation.

was present for the entirety of the procedure, including the critical part which was placement of the bolt. The placement of the patient's lines will be dictated separately by the pediatric surgeons. Following this procedure, the patient was in satisfactory condition and was taken postoperatively directly to the CT scanner for repeat CT and then to the in satisfactory condition.

,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的我们的,我们就是我们的我们的,我们就是我们的,我们就会会会会会会会会。" "我们就是我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的我们就是我们的我们的,我们就是我们的我们的,我们就是我们的我们的,我们就是我们的我们的 DATE OF OPERATION:

And the state of t

SURGEONS:

PREOPERATIVE DIAGNOSIS:

- 1. Closed head injury.
- 2. Poor venous access.

POSTOPERATIVE DIAGNOSIS:

- Closed head injury.
- 2. Poor venous access.

PROCEDURE:

- 1. Left proximal saphenous cutdown with line placement.
- Right distal saphenous cutdown with line placement.

INDICATIONS: Renee Henry is a 7-month-old female who is the victim of a motor vehicle accident. She was an unrestrained passenger in a vehicle which ran into the side of a house. She was launched into the front windshield. She was initially seen at

then transferred to by
Life Flight. By CT scan, she has large intracranial hemorrhages. She
was brought to the for placement of venous access.
Access was unable to be obtained by peripheral venous stick or by
central venous access by the Seldinger technique.

DESCRIPTION:

The patient was sedated then sterilely prepped and draped in the usual fashion. A longitudinal cutdown was made over the left groin. The saphenous vein was identified and a #5 French central venous catheter was placed. It was then tunneled. Its placement was later confirmed by abdominal film. Concurrently, a cutdown was made on the distal right saphenous vein. This was performed just above the ankle. An 18 gauge intravenous was placed here and sewn in place. Both catheters were flushed and withdrew well at the time of operation. The wounds were closed with running nylon. The patient tolerated the procedure well and was taken to the for further resuscitation.

L

3. Number of General Vehicle Forms Submitted

	•
ø.	•
v	7

1.

2.

National Highway Traffic Safety Administration

5. Time of Accident

ACCIDENT FORM

Primary Sampling Unit Number		SP.	ECIAL STUDIES - INDICATO	ORS
Filliary Sampling Offic Nomber		Chack I) each special study (SS15-SS18 b	alow) that
Case Number - Stratum	AB 14	has beer	completed; code 1 for the checl	ked special
IDENTIFICATION		studies a	nd 0 for the special studies not che	ескеа.
		6.	SS15 Administrative Use	4

		7 SS16 Pedestrian Crash Data Study (Data for this special study available	_0
Date of Accident (Month,Day,Year)	9_6	in a separate file.)	

Code reported military time of accident. 9. SS18 Unsafe Driver Actions \$

1245

NOTE: Midnight = 2400 Unknown = 999910. ___ SS19 _____ \$

NUMBER OF EVENTS

8. ___ SS17 Impact Fires

11. Number of Recorded Events in This Accident P/

> Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columnns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0</u> <u>1</u>	13. <u>Φ</u> <u>l</u>	14. <u>Φ</u> Ι	15. <u>F</u>	16. <u>5 9</u>	17. <u>\$</u>	_{18.} <u></u>
19. <u>0</u> <u>2</u>	20	21	22	23	24	25
26. <u>0</u> <u>3</u>	27	28	29	30	31	32
33. <u>0 4</u>	34	35	36	37	38	39
40. <u>0</u> <u>5</u>	41	42	43	44	45	46

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

		CODES FO	R CLA	ASS OF VEH	CLE		
(00)	Not a motor vehi	cle		(31)	arge pickup tr	uck (≤ 4,500	kgs GVWR)
		(wheelbase < 254 cm)			Other pickup tr		
(02)	Compact (wheelf	pase ≥ 254 but < 265 cm)					(≤ 4,500 kgs GVWR
(03)	Intermediate (wh	eelbase ≥ 265 but < 278 cm)		(45)	Other light truc	k (s 4,500 kg	gs GVWR)
		ase ≥ 278 but < 291 cm)					4,500 kgs GVWR)
	Largest (wheelba				Jnknown light		
	Unknown passen						sed)(> 4,500 kgs GVWR)
	Compact utility v				Other bus (> 4		WR)
		cle (≤ 4,500 kgs GVWR)			Jnknown bus		
(16)	Utility station wa	igon (≤ 4,500 kgs GVWR)			Fruck ($>4,50$	_)
(19)	Unknown utility 1	туре			Fractor withou		
	Minivan (≤ 4,500	=			Fractor-trailer(
	Large van (≤ 4,5				Jnknown med		
		ol bus (≤ 4,500 kgs GVWR)			Jnknown light		y truck type
		4,500 kgs GVWR)			Motored cycle		
		pe (≤ 4,500 kgs GVWR)			Other vehicle		
(30)	Compact pickup	truck (≤ 4,500 kgs GVWR)		(99)	Unknown		
		CODES FOR GENER	AL A	REA OF	DAMAGE (G	AD)	
CDS	APPLICABLE	(0) Not a motor vehicle		Right side			(T) Top
AND	OTHER	(N) Noncollision		Left side			(U) Undercarriage
VEHI	CLES	(F) Front	(B)	Back			(9) Unknown
TDC		(0) Not a motor vehicle	(L)	Left side			(C) Rear of cab
	ICABLE	(N) Noncollision			nit with cargo	area	(V) Front of cargo area
	CLES	(F) Front	,		ailer or straigl		_
VEIII	CLLS	(R) Right side	(D)		of tractor)		(U) Undercarriage
		(iii) riigiit sies	(-,				(9) Unknown
		00050 500 VEHIOLE N			DIFCT CON	TACTED	
101	20) Vahiala N	CODES FOR VEHICLE N	UME		Fence	TACTED	
(01	-30) — Vehicle N	umber		• -	Wall		
Nor	ncollision			•	Building		
		rollover (excludes end-over-end)			Ditch or culv	vert	
	(32) Rollover – e			(61	Ground		
	(33) Fire or explo			(62	Fire hydrant		
((34) Jackknife				Curb		
((35) Other intrau	nit damage (specify):			Bridge		
	100\ N = 11'-'	• • • • • • • • • • • • • • • • • • • •		(68	Other fixed	object (specif	y):
	(36) Noncollision (38) Other nonco			(69	Unknown fix	ked object	
((39) Noncollision	details unknown			on with Nonfix		van as athas vahiala
0	Para - AAPAG Fire da	0h:		(70	•	_	, van, or other vehicle
	lision With Fixed ((41) Tree (≤ 10 c	•		171	not in-transp		us not in-transport
	(41) Tree (\$ 10 c (42) Tree (> 10				Pedestrian	TOUCK OF DE	35 Hot III-transport
	(42) Thee (> 10 (43) Shrubbery o			•	Cyclist or cy	/cle	
	(43) Silibbbery 0 (44) Embankmen				Other nonm		veyance
		oole or post (any diameter)		(, 4			•
					Vehicle occu	upant	
	nbreakaway Pole			, -) Animal		
		(≤ 10 cm in diameter)			Train		
		(> 10 cm but ≤ 30 cm in diamete	er)		Trailer, disc		
	•	(> 30 cm in diameter)			Object fell for		
	(53) Pole or post	(diameter unknown)		(88)) Other nonfix	kea object (sp	eciry):
	(54) Concrete tra	ffic barrier		(89	Unknown no	onfixed object	
	(55) Impact atter						
		barrier (includes guardrail)		(98) Other event	(specify):	
	(Specify)			(99	Unknown e	vent or object	

U.S. Department of Transportation GENERAL VEHICLE FORM NATIONAL ACCIDENT SAMPLING SYSTEM National Highway Traffic Safety CRASHWORTHINESS DATA SYSTEM **Administration** 12. Speed Limit 1. Primary Sampling Unit Number (000) No statutory limit ABIY Code posted or statutory speed limit 2. Case Number - Stratum in kmph 3. Vehicle Number (999) Unknown VEHICLE IDENTIFICATION ___ mph X 1.6093 = ___ kmph 4. Vehicle Model Year 13. Police Reported Alcohol Presence For Driver Code the last two digits of the model year (0) No alcohol present (1) Yes alcohol present (99) Unknown (7) Not reported 12 (8) No driver present 5. Vehicle Make (specify): (9) Unknown FORD Applicable codes are found in your 99 NASS Data Collection, Coding and 14. Alcohol Test Result For Driver Editing Manual. Code actual value (decimal implied (99) Unknown before first digit—0.xx) (95) Test refused Φ 13 6. Vehicle Model (specify): Escoにて (96) None given (97) AC test performed, results unknown Applicable codes are found in your (98) No driver present (99) Unknown NASS Data Collection, Coding and Editing Manual. (999) Unknown Source: \$6 9 7. Body Type 15. Police Reported Other Drug Presence For Note: Applicable codes may be found on Driver the back of this page. (0) No other drug(s) present Yes other drug(s) present (1) 8. Vehicle Identification Number Not reported **(7)** (8) No driver present (9) Unknown Left justify; Slash zeros and letter Z (0 and 2) 16. Other Drug Specimen Test Result For Driver VIN—Code No all (0) No specimen test given Unknown—Code all nines (1) Drug(s) not found in specimen (2) Drug(s) found in specimen, (specify): Φ 9. Vehicle Special Use (This Trip) (3) Specimen test given, results unknown or not (0) No special use obtained (1) Taxi No driver present (2) Vehicle used as school bus (3) Vehicle used as other bus (9) Unknown if specimen test given (4) Military (5) Police 17. Driver's Zip Code (6) Ambulance (7) Fire truck or car (00001) Driver not a resident of U.S. or territories (8) Other (specify): Code actual 5-digit zip code (9) Unknown (99998) No driver present (99999) Unknown **OFFICIAL RECORDS** 9 10. Police Reported Vehicle Disposition 18. Driver's Race/Ethnic Origin (0) Not towed due to vehicle damage (1) White (non-Hispanic) (1) Towed due to vehicle damage (2) Black (non-Hispanic) (3) White (Hispanic)
(4) Black (Hispanic) (9) Unknown (5) American Indian, Eskimo or Aleut 11. Police Reported Travel Speed (6) Asian or Pacific Islander Code to the nearest kmph (NOTE: 000 means (7) Other (specify): less than 0.5 kmph) (160) 159.5 kmph and above (8) No driver present (999) Unknown

(9) Unknown

___ mph X 1.6093 = ___ kmph

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify):
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles (≤ 4,500 kgs GVWR)

- (14) Compact utility (Jeep CJ-2 CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks (≤ 4,500 kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van (≤ 4,500 kgs GVWR)
- (23) Van based motorhome (≤ 4,500 kgs GVWR)
- (24) Van based school bus (≤ 4,500 kgs GVWR)
- (25) Van based other bus (≤ 4,500 kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify):
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, ≤ 4,500 kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks (≤ 4,500 kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake. dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):
- (59) Unknown bus type

Medium/Heavy Trucks (> 4,500 kgs GVWR)

- (60) Step van (> 4,500 kgs GVWR)
- (61) Single unit straight truck (4,500 kgs < GVWR ≤ 8,850 kgs)
- (62) Single unit straight truck (8,850 kgs < GVWR ≤ 12,000 kgs)
- (63) Single unit straight truck (> 12,000 kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify):_____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

	PRECRASH ENVIRONMENTAL DATA			,
		25.	Roadway Surface Condition	
19.	Relation To Interchange Or Junction		(1) Dry	
	(0) Non-interchange area and non-junction		(2) Wet	
	(1) Interchange area related		(3) Snow or slush	
			(4) Ice(5) Sand, dirt, or oil	
	Non-Interchange junctions		(8) Other (specify):	
	(2) Intersection related		(9) Unknown	
	(3) Driveway, alley access related(4) Other junction (specify)		(4)	
	(4) Other junction (specify)	20	Limba Con diking	/
	(5) Unknown type of junction	∠0.	Light Conditions (1) Daylight	<u> </u>
	(4)		(2) Dark	
	(9) Unknown		(3) Dark, but lighted	
			(4) Dawn	
	A		(5) Dusk	
20.	Trafficway Flow		(9) Unknown	
	(0) Not physically divided (two way traffic)			
	(1) Divided trafficway-median strip without positive barrier		A. 1	~
	(2) Divided trafficway-median strip with positive barrier	27.	Atmospheric Conditions	<u>\$</u>
	(3) One way traffic		(0) No adverse atmospheric-related driving conditions	
	(9) Unknown		(1) Rain	
	``		(2) Sleet/hail	
21	Number Of Travel Lanes		(3) Snow	
21.	(1) One		(4) Fog	
	(2) Two		(5) Rain and fog	
	(3) Three		(6) Sleet and fog	
	(4) Four		(7) Other (e.g., smog, smoke, blowing sand or	dust,
	(5) Five		etc.) (specify):	
	(6) Six		(9) Unknown	
	(7) Seven or more	28	Traffic Control Device	φ
	(9) Unknown	20.	(0) No traffic control(s)	
	,	1	(1) Traffic control signal (not RR crossing)	
22.	Roadway Alignment		3 ()	
	(1) Straight		Regulatory	
	(2) Curve right		(2) Stop sign	
	(3) Curve left		(3) Yield sign	
	(9) Unknown		(4) School zone sign	
	9		(5) Other regulatory sign (specify):	
23.	Roadway Profile		(6) Warning sign (not RR crossing)	
	(1) Level		(7) Unknown sign	
	(2) Uphill grade (>2%) (3) Hill crest		(8) Miscellaneous/other controls including RR	
	(4) Downhill grade (>2%)		controls (specify):	
	(5) Sag			
	(9) Unknown		(9) Unknown	
	(-)			
24	Roadway Surface Type		Traffic Control Device From A.	A
24 .		29.	Traffic Control Device Functioning	<u> Ø</u>
	(1) Concrete (2) Bituminous (asphalt)		(0) No traffic control device (1) Traffic control device not functioning	
	(3) Brick or block	ŀ	(specify)	
	(4) Slag, gravel, or stone	:	(5,500.1)	
	(5) Dirt		(2) Traffic control device functioning properly	
	(8) Other (specify):		(9) Unknown	
	(9) Unknown			

	PRECRASH DRIVER RELATED DATA	This Vehicle Traveling
30.	PRECRASH DRIVER RELATED DATA Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) (00) No driver present (01) Attentive or not distracted (02) Looked but did not see Distractions (03) By other occupant(s), (specify): PASSENGER (04) By moving object in vehicle (specify): (05) While talking or listening to cellular phone (specify location and type of phone): (06) While dialing cellular phone (specify location and type of phone):	This Vehicle Traveling (10) Over the lane line on left side of travel lane (11) Over the lane line on right side of travel lane (12) Off the edge of the road on the left side (13) Off the edge of the road on the right side (14) End departure (15) Turning left at intersection (16) Turning right at intersection (17) Crossing over (passing through) intersection (18) This vehicle decelerating (19) Unknown travel direction Other Motor Vehicle In Lane (50) Other vehicle stopped (51) Traveling in same direction with lower steady speed
	 (07) While adjusting climate controls (08) While adjusting radio, cassette, CD (specify): (09) While using other device/object in vehicle (specify): 	 (52) Traveling in same direction while decelerating (53) Traveling in same direction with higher speed (54) Traveling in opposite direction (55) In crossover (56) Backing
	(10) Sleepy or fell asleep	(59) Unknown travel direction of other motor vehicle in lane
	(11) Distracted by outside person, object, or event (specify):	Other Motor Vehicle Encroaching Into Lane (60) From adjacent lane (same direction)—over left
	 (12) Eating or drinking (13) Smoking related (97) Distracted/inattentive, details unknown (98) Other, distraction (specify): 	lane line (61) From adjacent lane (same direction)—over right lane line (62) From opposite direction—over left lane line (63) From opposite direction—over right lane line
	(99) Unknown	(64) From parking lane
31.	Pre-Event Movement (Prior to Pre-Event Movement (Prior to Recognition of Critical Event) (00) No driver present	(65) From crossing street, turning into same direction (66) From crossing street, across path (67) From crossing street, turning into opposite direction
	(01) Going straight (02) Decelerating in traffic lane (03) Accelerating in traffic lane (04) Starting in traffic lane (05) Stopped in traffic lane (06) Passing or overtaking another vehicle (07) Disabled or parked in travel lane (08) Leaving a parking position (09) Entering a parking position (10) Turning right (11) Turning left (12) Making a U-turn (13) Backing up (other than for parking position) (14) Negotiating a curve (15) Changing lanes (16) Merging (17) Successful avoidance maneuver to a previous critical event (97) Other (specify):	 (68) From crossing street, intended path not known (70) From driveway, turning into same direction (71) From driveway, across path (72) From driveway, turning into opposite direction (73) From driveway, intended path not known (74) From entrance to limited access highway (78) Encroachment by other vehicle—details unknown Pedestrian, Pedalcyclist, or Other Nonmotorist (80) Pedestrian in roadway (81) Pedestrian approaching roadway (82) Pedestrian—unknown location (83) Pedalcyclist or other nonmotorist in roadway (specify): (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): (85) Pedalcyclist or other nonmotorist—unknown location (specify):
	(99) Unknown	<i>Object or Animal</i> (87) Animal in roadway
	Critical Precrash Event This Vehicle Loss of Control Due To: (01) Blow out or flat tire (02) Stalled engine (03) Disabling vehicle failure (e.g., wheel fell off) (specify): (04) Non-disabling vehicle problem (e.g., hood flew up) (specify):	(88) Animal approaching roadway (89) Animal—unknown location (90) Object in roadway (91) Object approaching roadway (92) Object—unknown location (98) Other critical precrash event (specify)
	(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify):	
(08) Other cause of control loss (specify): 09) Unknown cause of control loss	
,	out Control Cause of Control loss	

	(6) Returned to roadway (7) Entered roadway (9) Unknown 36. Accident Type (Note: Applicable codes on back of this page) (00) No impact Code the number of the diagram that best describes the accident circumstance	
	(00)	
han 30	(99) Unknown	
nan su		
otation		
	han 30	36. Accident Type (Note: Applicable codes on back of this page) (00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): (99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

	OCCUPANT RELATED	44. Vehicle Cargo Weight ϕ, ϕ ϕ 0
37.	Driver Presence in Vehicle	Code weight to nearest 10 kilograms.
	(0) Driver not present	(000) Less than 5 kilograms
	(1) Driver present (9) Unknown	(450) 4,500 kilograms or more
	• •	(999) Unknown lbs X .4536 =kgs
38.	Number of Occupants This Vehicle $00-96$ Code actual number of occupants	Source: INSPECTION PHOTOS
	for this vehicle (97) 97 or more	ROLLOVER DATA
	(99) Unknown	45. Rollover Φ Φ
39.	Number of Occupant Forms Submitted Φ 3	(00) No rollover (no overturning)
	AIR BAG RELATED	Rollover (primarily about the longitudinal axis) (01-16) Code the number of quarter turns
		(01-16) Code the number of quarter turns (17) Rollover, 17 or more quarter turns (specify):
40.	Is this an AOPS Vehicle? (0) No (includes unknown)	
	(1) Yes - researcher determined	(98) Rolloverend-over-end (i.e., primarily about the lateral axis)
	(2) VIN determined air bag system	(99) Rollover (overturn), details unknown
	 (2) VIN determined air bag system (3) VIN determined automatic (passive) belts (4) VIN determined air bag and automatic (passive) 	46. Rollover Initiation Type ϕ ϕ
	belts	(00) No rollover
44	Air Bag(a) Deployment First Sept Frontal	(01) Trip-over
41.	All bag(s) Deployment, First Seat Frontai	(02) Flip-over (03) Turn-over
	(0) Not equipped or not available (1) No air bags deployed	(04) Climb-over
	Single Air Bag Vehicle	(05) Fall-over
	(2) Driver air bag deployed (3) Driver air bag, unknown if deployed	(06) Bounce-over (07) Collision with another vehicle
	• • • • • • • • • • • • • • • • • • • •	(08) Other rollover initiation type specify):
	Multiple Air Bag Vehicle (4) Driver side only deployed	(98) Rolloverend-over-end
	(5) Passenger side only deployed	(99) Unknown rollover initiation type
	(6) Driver and passenger side deployed (7) Driver and passenger side unknown if	47 Landon of Dallacon Initiation
	deployed	47. Location of Rollover Initiation <u>Φ</u> (0) No rollover
	(8) Air bag(s) deployed, details unknown	(1) On roadway
	(9) Unknown	(2) On shoulder—paved (3) On shoulder—unpaved (4) On roadside or divided trafficway median (8) Rollover—end-over-end
42.	Air Bag(s) Deployment, Other Than First ϕ	(4) On roadside or divided trafficway median
	Seat Frontal	(8) Rolloverend-over-end
	(0) Not equipped with an "other" air bag	(9) Unknown
	(1) Deployed during accident (as a result of impact)	48. Rollover Initiation Object Contacted <u>φ</u> <u>φ</u>
	(2) Deployed inadvertently just prior to accident (3) Deployed, details unknown	(Note: Applicable codes on back of page)
	(4) Deployed as a result of a noncollision event	49. Location on Vehicle Where Initial Principal ϕ
	during accident sequence (e.g., fire, explosion, electrical)	Tripping Force Is Applied
	(5) Unknown if deployed	(0) No rollover (1) Wheels/tires
	(7) Nondeployed	(2) Side plane
	(9) Unknown	(3) End plane (4) Undercarnage
	Specify type of "other" air bag present:	(5) Other location on vehicle (specify):
		(6) Non-contact rollover forces (specify):
		(8) Rollover-end-over-end
	VEHICLE WEIGHT ITEMS	(9) Unknown
		50. Direction of Initial Roll
43	Vehicle Curb Weight 0 Code weight to nearest	(0) No rollover
	10 kilograms.	(1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis
	(045) Less than 450 kilograms	(8) Rolloverend-over-end
	(610) 6,100 kilograms or more (999) Unknown	(9) Unknown roll direction
	lbs × 4536 = l _ 4 _ kgs	
	Source:	

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover (01-30) — Vehicle Number	(57) Fence (58) Wall (59) Building
Noncollision	(60) Ditch or culvert
(31) Turn-over — fall-over	(61) Ground
(32) No rollover impact initiation (end-over-end)	(62) Fire hydrant
(34) Jackknife	(63) Curb
	(64) Bridge
Collision With Fixed Object	(68) Other fixed object (specify):
(41) Tree (≤ 10 cm in diameter)	
(42) Tree (> 10 cm in diameter)	(69) Unknown fixed object
(43) Shrubbery or bush	O DE LA SEL LOUIS DA
(44) Embankment	Collision with Nonfixed Object
(45) B. J. J. J. J. J. J. J. J. J. J. J. J. J.	(70) Passenger car, light truck, van, or other vehicle
(45) Breakaway pole or post (any diameter)	not in-transport (71) Medium/heavy truck or bus not in-transport
Nambarahawan Bala as Bast	(76) Animal
Nonbreakaway Pole or Post	(77) Train
(50) Pole or post (≤ 10 cm in diameter)(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)	(78) Trailer, disconnected in transport
(52) Pole or post (> 30 cm in diameter)	(79) Object fell from vehicle in-transport
(53) Pole or post (diameter unknown)	(88) Other nonfixed object (specify):
(33) Pole of post (diameter diknown)	(00) Culci Hollikou Object (opecity).
(54) Concrete traffic barrier	(89) Unknown nonfixed object
(55) Impact attenuator	
(56) Other traffic barrier (includes guardrail) (specify):	(98) Other event (specify):
(0)0011337.	(99) Unknown event or object

	OVERRIDE/UNDERRIDE (THIS VEHICLE)	ACCIDENT RECONSTRUCTION PROGRAMS
51	Front Overnde/Undernde (this Vehicle)	HIGHEST DELTA V
	Rear Override/Underride (this Vehicle)	58. Basis for Total (Resultant) Delta V
	(0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, an no medium/heavy truck or bus underride	(highest) (00) No vehicle inspection
	Override (see specific CDC) [Between 2 CDS applicable vehicles (Bodytype, GV07=1-49)] (1) 1st CDC (2) 2nd CDC (3) Other not automated CDC (specify):	Delta V Calculated (01) Reconstruction program -damage only routine (02) Reconstruction program -damage and trajectory routine (03) Missing vehicle algorithm Delta V Not Calculated (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable
	(6) Other not automated CDC (specify):	reconstruction program, regardless of collision conditions.
	(7) Medium/heavy truck or bus override (of any configuration)(9) Unknown	All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction
	HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V	program or other acceptable reconstruction technique, regardless of adequacy of damage data.
	Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown	(05) Rollover (06) Other non-horizontal forces (07) Sideswipe type damage (08) Severe override
53.	Heading Angle For This Vehicle 9 9 8	(09) Yielding object
54.	Heading Angle For Other Vehicle 9 9 8	(10) Overlapping damage
	RECONSTRUCTION DATA	(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction
	Towed Trailing Unit (0) No towed unit (1) Yes—towed trailing unit (9) Unknown	programs, but there is insufficient data available, (98) Other, (specify):
	Documentation of Trajectory Data for This Vehicle (0) No (1) Yes	
	Post Collision Condition of Tree or Pole (For Highest Delta V) (0) Not collision (for highest delta V) with tree or pole (1) Not damaged (2) Cracked/sheared (3) Tilted <45 degrees (4) Tilted ≥45 degrees (5) Uprooted tree (6) Separated pole from base (7) Pole replaced (8) Other (specify):	
	• •	

COMPUTER GENERA	TEU CRASH SEVERITY
59. Total Delta V Nearest kmph (highest) Nearest kmph (secondary) (NOTE: 000 means less than 0.5 kmph) (160) 159.5 kmph and above (999) Unknown Highest 60. Longitudinal Component of Delta V Nearest kmph (highest)	Highest G3. Impact Speed Nearest kmph (highest) Nearest kmph (secondary) (NOTE: 000 means less than 0.5 kmph) (160) 159.5 kmph and above (998) Trajectory algorithm not run (999) Unknown
Nearest kmph (secondary) (NOTE:000 means greater than -0.5 kmph and less than +0.5 kmph) (±160) ±159.5 kmph and above (999) Unknown Highest Highest	64. Confidence In Reconstruction Program Results (For Highest Delta V) (0) No reconstruction (1) Collision fits model — results appear reasonable (2) Collision fits model — results appear high (3) Collision fits model — results appear low (4) Borderline reconstruction — results appear reasonable
Nearest kmph (highest) Nearest kmph (secondary) (NOTE:000 means greater than -0.5 kmph and less than +0.5 kmph) (±160) ±159.5 kmph and above (_999) Unknown 62. Energy Absorption	Highest 65. Barrier Equivalent Speed

IS MISSING VEHICLE ALGORITHM APPLICABLE FOR THIS VEHICLE? [] YES [] NO
IF YES: IS A COMPLETED PROGRAM SUMMARY INCLUDED? [] YES [] NO

ESTIMATED DELTA V	VEHICLE INSPECTION
66. Estimated Highest Delta V (Researcher Determined) (0) Reconstruction Delta V coded Estimated Delta V (1) Less than 10 kmph (2) ≥ 10 kmph but < 25 kmph (3) ≥ 25 kmph but < 40 kmph (4) ≥ 40 kmph but < 55 kmph (5) ≥ 55 kmph Other estimates of damage severity (6) Minor (7) Moderate (8) Severe (9) Unknown	67. Type of Vehicle Inspection (0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): (3) Complete inspection

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67=0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,

OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

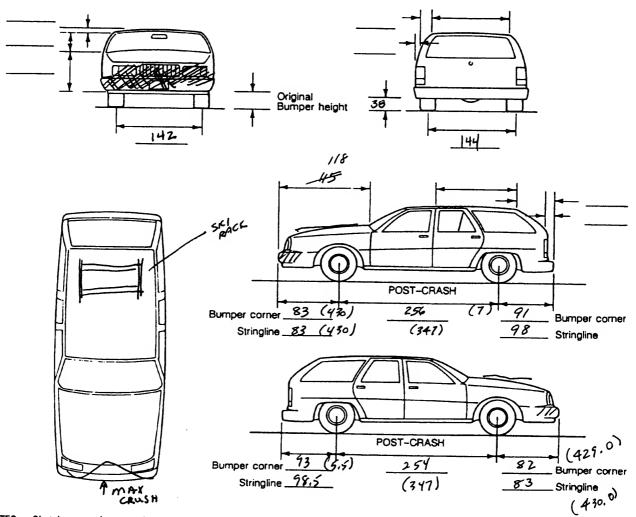
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Number - Stratum	A	B 14								
		VEHICLE	IDENT	IEICAT	ION					
FASP	15	IX.	T W	<u> </u>	<u> </u>	<u> </u>		Model Y	ear9	6
ake (specify):F	DRD		\	√ehicle M	fodel (sp	ecify): _	Escor	4		
			OCATO	OR						
e end of the damage of axle for side impact	with respect ts.	to the vehic	ele longitu	ıdinal ce	nter line	or bump	er corne	er for en	d impact	ts or a
		ge		Location	n of Field L			Location of	of Max Cru	sh
Q R &	MPER COR	INER -	-				6	9. 3		
	CRII	SH PROF	II E IN	CENTI	METER	00				
dontify the plane of w										
ree space value is de	efined as the	passenger si	etween th	ie baselii	ne and ti	he oriain	al body o	contour 1	aken at	the
Free space value is dendividual C locations. etc. Record the value	efined as the This may ir for each C- umns as ne	e distance be notlude the for measurement cessary to d	etween th ollowing: I ent and m lescribe e	ie baselii bumper l aximum	ne and ti lead, bui crush.	he origin mper tap	al body o	contour 1	aken at	the
Free space value is dendividual C locations. etc. Record the value	efined as the This may ir for each C- umns as ne	e distance be nolude the fo measureme	etween th ollowing: I ent and m	ie baselii bumper l aximum	ne and ti lead, bui crush.	he origin mper tap	al body o	contour 1	aken at	the taper,
Free space value is dendividual C locations. etc. Record the value Jse as many lines/col Plane of Impact	efined as the This may ir for each C- umns as ne Direct D Width	e distance benclude the formeasurement of the community o	etween th ollowing: I ent and m lescribe e Field L	ne baselii bumper naximum each dan C ₁	ne and ti lead, but crush. nage pro	he origin mper tap ofile.	al body oper, side	contour to protrusion	caken at on, side t	the aper,
Free space value is dendividual C locations. etc. Record the value Jse as many lines/col Plane of Impact C-Measurements	efined as the This may ir for each C- umns as ne Direct D Width (CDC)	e distance be notlude the for- measurement cessary to do Damage Max	etween the blowing: I ent and many lescribe e	ne baselii bumper naximum each dan	ne and the lead, but crush.	he origin mper tap	al body oper, side	contour t	aken at on, side t	the taper,
Free space value is dendividual C locations. etc. Record the value Use as many lines/col Plane of Impact C-Measurements BUMPER	efined as the This may ir for each C- umns as ne Direct D Width (CDC)	e distance benclude the formeasurement of the common of th	etween th ollowing: I ent and m lescribe e Field L	e baselii bumper naximum each dan C ₁	ne and ti lead, but crush. nage pro	he origin mper tap ofile. C ₃	al body oper, side	C ₅	C ₆	the taper.
Free space value is dendividual C locations. etc. Record the value Use as many lines/col Plane of Impact C-Measurements BUMPER - FREE SPACE	efined as the This may ir for each C- umns as ne Direct D Width (CDC)	e distance benclude the formeasurement of the control of the contr	etween th ollowing: I ent and m lescribe e Field L	e baselii bumper naximum each dan C ₁	ne and the lead, but crush. nage pro	he origin mper tap ofile. C ₃	C ₄ Z1.5 -1.5	C _s	C ₆	the taper.
Free space value is dendividual C locations. etc. Record the value Jse as many lines/col Plane of Impact C-Measurements BUMPER - FREE SPACE + STAND ADJ.	efined as the This may ir for each C- umns as ne Direct D Width (CDC)	e distance benclude the formeasurement of the control of the contr	etween th ollowing: I ent and m lescribe e Field L	e baselii bumper naximum each dan C ₁	ne and the lead, but crush. nage process C ₂ 5. \(\phi \) -5. \(\phi \) +3	he origin mper tap ofile. C ₃	C ₄ Z1.5 -1.5	C ₅ C ₅ 8.5 -5.6 +3	C ₆ 2. \$\phi\$ -//. 5	the aper
Free space value is dendividual C locations. etc. Record the value Jse as many lines/col Plane of Impact C-Measurements BUMPER - FREE SPACE + STAND ADJ.	efined as the This may ir for each C- umns as ne Direct D Width (CDC)	e distance benclude the formeasurement of the control of the contr	etween th ollowing: I ent and m lescribe e Field L	e baselii bumper naximum each dan C ₁	ne and the lead, but crush. nage process C ₂ 5. \(\phi \) -5. \(\phi \) +3	he origin mper tap ofile. C ₃	C ₄ Z1.5 -1.5	C ₅ C ₅ 8.5 -5.6 +3	C ₆ 2. \$\phi\$ -//. 5	the taper.
Free space value is dendividual C locations. etc. Record the value Jse as many lines/col Plane of Impact C-Measurements BUMPER - FREE SPACE + STAND ADJ.	efined as the This may ir for each C- umns as ne Direct D Width (CDC)	e distance benclude the formeasurement of the control of the contr	etween th ollowing: I ent and m lescribe e Field L	e baselii bumper naximum each dan C ₁	ne and the lead, but crush. nage process C ₂ 5. \(\phi \) -5. \(\phi \) +3	he origin mper tap ofile. C ₃	C ₄ Z1.5 -1.5	C ₅ C ₅ 8.5 -5.6 +3	C ₆ 2. \$\phi\$ -//. 5	the aper,
Free space value is dendividual C locations. etc. Record the value Jse as many lines/col Plane of Impact C-Measurements BUMPER - FREE SPACE + STAND ADJ.	efined as the This may ir for each C- umns as ne Direct D Width (CDC)	e distance benclude the formeasurement of the control of the contr	etween th ollowing: I ent and m lescribe e Field L	e baselii bumper naximum each dan C ₁	ne and the lead, but crush. nage process C ₂ 5. \(\phi \) -5. \(\phi \) +3	he origin mper tap ofile. C ₃	C ₄ Z1.5 -1.5	C ₅ C ₅ 8.5 -5.6 +3	C ₆ 2. \$\phi\$ -//. 5	the aper
Free space value is dendividual C locations. etc. Record the value Jse as many lines/col Plane of Impact C-Measurements BUMPER - FREE SPACE + STAND ADJ.	efined as the This may ir for each C- umns as ne Direct D Width (CDC)	e distance benclude the formeasurement of the control of the contr	etween th ollowing: I ent and m lescribe e Field L	e baselii bumper naximum each dan C ₁	ne and the lead, but crush. nage process C ₂ 5. \(\phi \) -5. \(\phi \) +3	he origin mper tap ofile. C ₃	C ₄ Z1.5 -1.5	C ₅ C ₅ 8.5 -5.6 +3	C ₆ 2. \$\phi\$ -//. 5	the aper
Free space value is dendividual C locations. etc. Record the value Jse as many lines/col Plane of Impact C-Measurements BUMPER - FREE SPACE + STAND ADJ.	efined as the This may ir for each C- umns as ne Direct D Width (CDC)	e distance benclude the formeasurement of the control of the contr	etween th ollowing: I ent and m lescribe e Field L	e baselii bumper naximum each dan C ₁	ne and the lead, but crush. nage process C ₂ 5. \(\phi \) -5. \(\phi \) +3	he origin mper tap ofile. C ₃	C ₄ Z1.5 -1.5	C ₅ C ₅ 8.5 -5.6 +3	C ₆ 2. \$\phi\$ -//. 5	the ape
	e end of the damage ed axle for side impactant No. Correction (Correction) Correction (Correct	e end of the damage with respected axle for side impacts. CRU CRU dentify the plane at which the C-retc.) and label adjustments (e.g.,	WEHICLE F A S P I 5 T X ake (specify): FORD e end of the damage with respect to the vehicle axle for side impacts. act No. Location of Direct Damage CRUSH PROF dentify the plane at which the C-measurement etc.) and label adjustments (e.g., free space).	VEHICLE IDENT F A S P I S T X T W ake (specify): FORD LOCATO e end of the damage with respect to the vehicle longituded axle for side impacts. act No. Location of Direct Damage CRUSH PROFILE IN	VEHICLE IDENTIFICAT F A 5 P 1 5 T X T W X A ake (specify): FORD Vehicle No LOCATOR e end of the damage with respect to the vehicle longitudinal celed axle for side impacts. act No. Location of Direct Damage Location CRUSH PROFILE IN CENTI dentify the plane at which the C-measurements are taken (e.g.	VEHICLE IDENTIFICATION F A S P 1 5 T X T W X X X X X X X X X X X X X X X X	VEHICLE IDENTIFICATION FASPIST XTWXXXXX ake (specify):	VEHICLE IDENTIFICATION FASPIST XTWXXXX ake (specify): FORD Vehicle Model (specify): ESCOR LOCATOR e end of the damage with respect to the vehicle longitudinal center line or bumper corne and axle for side impacts. act No. Location of Direct Damage Location of Field L CRUSH PROFILE IN CENTIMETERS dentify the plane at which the C-measurements are taken (e.g., at bumper, above bumper)	VEHICLE IDENTIFICATION F A 5 P I 5 T X T W X X X X X X X Model Y ake (specify): FORD Vehicle Model (specify): ESCORT LOCATOR e end of the damage with respect to the vehicle longitudinal center line or bumper corner for end ed axle for side impacts. act No. Location of Direct Damage Location of Field L Location of CRUSH PROFILE IN CENTIMETERS CRUSH PROFILE IN CENTIMETERS dentify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sil	VEHICLE IDENTIFICATION F A 5 P 1 5 J X T W X X X X X X Model Year 9 ake (specify): FORD Vehicle Model (specify): ESCORT LOCATOR e end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacted axle for side impacts. act No. Location of Direct Damage Location of Field L Location of Max Cru CRUSH PROFILE IN CENTIMETERS dentify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above

VEHICLE DAMAGE SKETCH TIRE-WHEEL DAMAGE **ORIGINAL SPECIFICATIONS** WHEEL STEER ANGLES a. Rotation physically b. Tire (For locked front wheels or restricted deflated Wheelbase 25¢ cm displaced rear axles only) RF ± 433 Overall Length cm RF Z RF LF ± 169 LF Z LF Maximum Width RR ± cm RR 2 RR 2 1109 Curb Weight kα LR 2 Within ± 5 degrees 143 Average Track cm (1) Yes (2) No (8) NA (9) Unk. **DRIVE WHEELS** Front Overhang cm FWD RWD 4WD Rear Overhang cm TYPE OF TRANSMISSION 145 Undeformed End Width cm Approximate 10 285 Cargo Weight SKI ZACK kg **E** Automatic ☐ Manual Engine Size: cyl./displ. 1.9 4 14

MEASUREMENTS IN CENTIMETERS

VEHICLE INSPECTED USING SPECS FOR SEDAN — APJUSTED ON PG 1



ES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

Ì		CDC V	VORKSHEE	Ī			
		CODES FOR	OBJECT CONT	TACTED			
	(01-30) Noncolli	— Vehicle Number	Fence Wall Building				
	(31) (32)	Overturn — rollover (excludes end-over-end) Rollover—end-over-end	(60) (61)	Ditch or culvert Ground			
	(34)	Fire or explosion Jackknife Other intraunit damage (specify):	(63) (64)	Fire hydrant Curb Bridge			
	(36) (38)	Noncollision injury Other noncollision (specify):	(68) (69)		_		
	(39)	Noncollision — details unknown		on with Nonfixed Object Passenger car, light truck, van, or other vehic	ماد		
	(41)	n With Fixed Object Tree (≤ 10 cm in diameter)	(71)	not in-transport Medium/heavy truck or bus not in-transport	,10		
	(43)	Tree (> 10 cm in diameter) Shrubbery or bush Embankment	(72) (73) (74)	Cyclist or cycle			
	, ,	Breakaway pole or post (any diameter)	` .	Vehicle occupant	_		
	(50)	akaway Pole or Post Pole or post (≤ 10 cm in diameter)	(77) (78)	Train Trailer, disconnected in transport			
	(52)	Pole or post (> 10 cm but ≤ 30 cm in diameter Pole or post (> 30 cm in diameter) Pole or post (diameter unknown)	er) (79) (88)				
		Concrete traffic barner Impact attenuator	(89)	(98) Other event (specify):			
		Other traffic barrier (includes guardrail) (specify):	(99)				
_		DEFORMATION CLASS	SIFICATION BY	EVENT NI IMBED			
-	Accident Event Sequence Number	(1) (2) Direction Incremental Object of Force Value of Contacted (degrees) Shift	(3) L	(4) (5) Specific Specific (6) Longitudinal Vertical or Type of (7) or Lateral Lateral Damage Deformation Location Location Distribution Extent	on —		
_	φ/	59 ψφφ φφ	F	$\frac{z}{\varepsilon}$ $\frac{\varepsilon}{\varepsilon}$ $\frac{w}{\varepsilon}$	_		
-					_		
_							
_					_		
_							
_							

COLLISION DEFORMATION CLASSIFICATION							
HIGHEST	DELTA "V"						
Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>Ф</u> [5. <u>59</u>	62	7. <u> </u>	8. <u>Z</u>	9. <u>E</u>	10	11
Second Hiç	ghest Delta "V"						
12	13	14	15	16	17	18	19
		CRUS	H PROFILE	IN CENTIM	ETERS		
	The crush pr	ofile for the dar ropriate space t	nage described pelow. (ALL ME	in the CDC(s) a ASUREMENTS	above should be SARE IN CENTI	documented METERS.)	
HIGHEST D	DELTA "V"						
20. L	21. 				C ₅ (C ₆	22. ±D
145	Φ Φ Φ	Φ Ψ 3	417 4	β23 φ	φ7 φ	φ φ <u>-</u>	φ <u>3</u> z
Second Hig	hest Delta "V"						
23. 	24. 			C ₄	C ₅ (C ₆	25. ±D
26 Undefer	med End Width					<u>+</u> <u>-</u>	
(Coded vimpact is (250) 2 (998)	med End Width when highest se san end plane ir Code to the near 250 centimeters No highest sever Unknown	mpact.) rest centimeter or more	1 4 5 npact	(650) (999)		or more	25 ¢
(For high Co (250) 2	amage Width nest severity imp ode to theneares 250 centimeters of Jnknown	st centimeter	Ф <u>8</u> 1	(185) (999)	Average Track \ Code to the near centimter 185 centimeters Unknown inches X 2	or more	centimeters

			FUEL SYSTEM
30.	Are CDCs Documented but Not Coded on The Automated File? (0) No (1) Yes	Φ.	35. Location of Fuel Tank-1 Filler Cap 36. Location of Fuel Tank-2 Filler Cap (0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane
31.	Researcher's Assessment of Vehicle Disposition (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown		 (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane
32.	Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? (0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify):	<u> </u>	(7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): (9) Unknown 37. Type of Fuel Tank-1
	(Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified		38. Type of Fuel Tank-2 (0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown
	FIRE OCCURRENCE		39. Location of Fuel Tank-1
	Fire Occurrence (0) No fire Yes, fire occurred (1) Minor (2) Major (9) Unknown Origin of Fire (0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): (9) Unknown	φ.	40. Location of Fuel Tank-2 (0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) night side (7) Over center of the rear wheels (rear axle) (8) Other (specify): (9) Unknown 41. Damage to Fuel Tank-1 42. Damage to Fuel Tank-2 (0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped)
			(7) Filler neck separation from the fuel tank (8) Other damage (specify):(9) Unknown

43.	Leakage Location of Fuel System-1		47. Is This Vehicle Equipped With More Than Two Fuel Tanks?	<u>د</u>
44.	Leakage Location of Fuel System-2	4	(0) No (one or two tanks only)	
	(0) No fuel tank		Voc. More Than True Tonks	
	(1) No fuel leakage		Yes - More Than Two Tanks	
	Drimany Area Of Lackage		(1) Yes – <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u>	
	Primary Area Of Leakage (2) Tank			
	(2) Tank (3) Filler neck		(2) Yes – <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u>	
	(4) Cap		(specify leakage location):	
	(5) Lines/pump/filter		(Specify leakage location).	
	(6) Vent/emission recovery		(3) Yes – <u>damage</u> to an additional tank or	-
	(8) Other (specify):		filler cap and there is fuel system leakage	
	(9) Unknown		(specify the following):	
			Type of tank	_
		4.	l ank location	
45.	Fuel Type-1	41	Filler cap location	
			Tank damage	_
46.	Fuel Type-2	Φ Ψ	Location of leakage	_
			Type of fuel	_
	Single Fuel Type		(9) Unknown if more than two tanks	
	(00) No fuel tank			
	(01) Gasoline			
	(02) Diesel (03) CNG (Compressed Natural Gas)		COMMENTS	
	(04) LPG (Liquid Petroleum Gas) also		COMMENTS	
	known as Propane			
	(05) LNG (Liquid Natural Gas)			_
	(06) Methanol (M100 or M85)			
	(07) Ethanol (E100 or E85)			_
	(08) Other (Hydrogen or others) (specify):			
				_
	Electric Powered or Electric/Solar			_
	Powered Vehicles			
	(10) Lead Acid Battery			
	(11) Nickel-Iron Battery			
	(12) Nickel-Cadmium Battery			
	(13) Sodium Metal Chloride Battery			
	(14) Sodium Sulfur Battery			
	(18) Other (Specify):			
	(98) Other Hybrid (specify):			
	(00) Unknown fuel byce	-		_
	(99) Unknown fuel type			
	*** STOP: IF THE CDS A	PPLICABL	SLE VEHICLE WAS NOT TOWED ***	
		(GV	(10=0)	

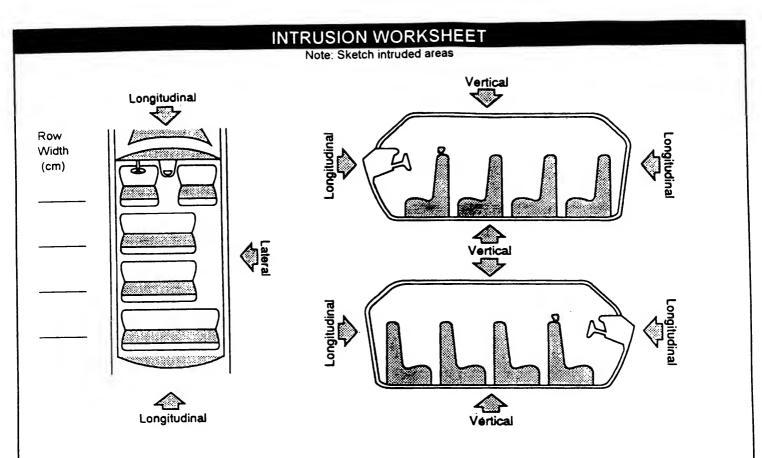
DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

INTERIOR VEHICLE FORM

	U.S. De	partmei	nt of T
National	Highway	Traffic	Safet

emms. and	GLAZING
1. Primary Sampling Unit Number	Type of Window/Windshield Glazing
2. Case Number - Stratum AB 14	15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2
3. Vehicle Number	20. BL 2 21. Roof 4 22. Other 2
INTEGRITY	
4. Passenger Compartment Integrity (00) No integrity loss Yes, Integrity Was Lost Through (01) Windshield (02) Door (side) (03) Door/hatch (back door) (04) Roof (05) Roof glass (06) Side window (07) Rear window (backlight) (08) Roof and roof glass (09) Windshield and door (side) (10) Windshield and roof (11) Side and rear window (side window and backlight) (12) Windshield and side window (13) Door and side window	(0) No glazing (1) AS-1 — Laminated (2) AS-2 — Tempered (3) AS-3 — Tempered-tinted (original) (4) AS-2 — Tempered-with after market tint (5) AS-3 — Tempered-tinted (with additional after market tint) (6) AS-14 — Glass/Plastic (7) Glazing removed prior to accident (8) Other (specify): (9) Unknown Window Precrash Glazing Status 23. WS / 24. LF / 25. RF / 26. LR / 27. RR / 2 28. BL / 29. Roof / 30. Other / (0) No glazing
(98) Other combination of above (specify): (99) Unknown	 (1) Fixed (2) Closed (3) Partially opened (4) Fully opened (7) Glazing removed prior to accident (9) Unknown
Door, Tailgate or Hatch Opening	Glazing Damage from Impact Forces
5. LF / 6. RF / 7. LR / 8. RR / 9. TG/H	31. WS_2-32. LF/_ 33. RF/_ 34. LR_/ 35. RR/_
(0) No door/gate/hatch (1) Door/gate/hatch remained closed and operational (2) Door/gate/hatch came open during collision (3) Door/gate/hatch jammed shut (8) Other (specify): (9) Unknown	36. BL
Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø	(7) Glazing removed prior to accident (9) Unknown if damaged
10. LF <u>Φ</u> 11. RF <u>Φ</u> 12. LR <u>Φ</u> 13. RR <u>Φ</u> 14. TG/H <u>Φ</u>	Glazing Damage from Occupant Contact
(0) No door/gate/hatch or door not opened	39. WS / 40. LF / 41. RF / 42. LR / 43. RR /
Door, Tailgate or Hatch Came Open During Collision (1) Door operational (no damage) (2) Latch/stniker failure due to damage (3) Hinge failure due to damage (4) Door structure failure due to damage (5) Door support (i e., pillar, sill, roof side rail, etc.) failure due to damage (6) Latch/stniker and hinge failure due to damage (8) Other failure (specify):	 44. BL/45. Roof φ 46. Other/ (0) No glazing (1) No occupant contact to glazing (2) Glazing contacted by occupant but no glazing damage (3) Glazing in place and cracked by occupant contact (4) Glazing in place and holed by occupant contact (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact (6) Glazing out-of-place by occupant contact and holed by occupant contact (7) Glazing removed prior to accident (8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

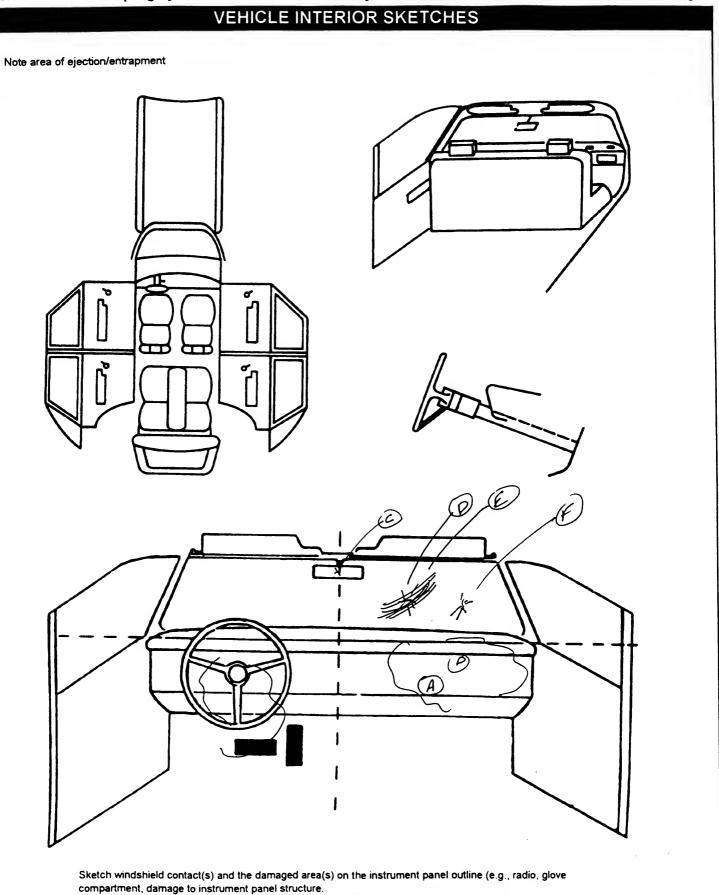


LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	I Measurements Are In Centimeters) INTRUDED	INTRUSION	DOMINANT CRUSH DIRECTION
			- / =		
			=		
			=		
			=		
			=		
			=		
			=		
			_ =		
			=		
·			_ =		
			_ =		
			_ =		
			=		

OCCUPANT AREA INTRUSION Note: If no intrusions, leave variables IV47-IV86 blank. INTRUDING COMPONENT Interior Components Dominant (01) Steering assembly Crush Magnitude Location of Intruding Direction (02) Instrument panel left of Intrusion Intrusion Component (03) Instrument panel center (04) Instrument panel right (05) Toe pan 1st 47.____ 48._ 50. 49. (06) A (A1/A2)-pillar (07) B-pillar (08) C-pillar (09) D-pillar 53 2nd 51. ___ 52._ (10) Side panel - forward of the A1/A2-pillar (11) Door panel (side) (12) Side panel - rear of the B-pillar 57. (13) Roof (or convertible top) 56. (14) Roof side rail (15) Windshield (16) Windshield header 60. (17) Window frame (18) Floor pan (includes sill) (19) Backlight header (20) Front seat back 64 65. 66. (21) Second seat back (22) Third seat back (23) Fourth seat back (24) Fifth seat back 68. 69. 70. (25) Seat cushion (26) Back door/panel (e.g., tailgate) (27) Other interior component (specify): 72.____ 73.___ Exterior Components (30) Hood (31) Outside surface of this vehicle (specify): 8th 75. 76. 77. 78.____ (32) Other exterior object in the environment (specify): (33) Unknown exterior object 80. 81. 9th (97) Catastrophic (98) Intrusion of unlisted component(s) (specify): 84. ___ 85.___ 86.___ (99) Unknown LOCATION OF INTRUSION MAGNITUDE OF INTRUSION (1) ≥ 3 centimeters but < 8 centimeters Front Seat Fourth Seat (2) ≥ 8 centimeters but < 15 centimeters (11) Left (41) Left (3) ≥ 15 centimeters but < 30 centimeters (12) Middle (42) Middle (4) ≥ 30 centimeters but < 46 centimeters (13) Right (43) Right (5) ≥ 46 centimeters but < 61 centimeters (6) ≥ 61 centimeters Second Seat (97) Catastrophic (7) Catastrophic (21) Left (98) Other enclosed (9) Unknown (22) Middle area (specify) (23) Right (99) Unknown DOMINANT CRUSH DIRECTION Third Seat (1) Vertical (31) Left (2) Longitudinal (32) Middle (3) Lateral (33) Right

(7) Catastrophic (9) Unknown

STEERING COLUMN	INSTRUMENT PANEL			
STEERING COLUMN 87. Steering Column Type (1) Fixed column (2) Tilt column (3) Telescoping column (4) Tilt and telescoping column (8) Other column type (specify): (9) Unknown 88. Tilt Steering Column Adjustment (0) No tilt steering column (1) Full up (2) Between full up and center (3) Center (4) Between center and full down (5) Full down (9) Unknown 89. Telescoping Steering Column Adjustment (0) No telescoping steering column (1) Full back (2) Between full back and midpoint	INSTRUMENT PANEL 92. Odometer Reading			
 (3) Midpoint (4) Between midpoint and full forward (5) Full forward (9) Unknown 90. Steering Rim/Spoke DeformationCode actual measured deformation to the nearest centimeter (00) No steering rim deformation (01-14) Actual measured value in centimeters (15) 15 centimeters or more (98) Observed deformation cannot be measured (99) Unknown 	95. Knee Bolsters Deformed from Occupant Contact? (0) No knee bolster (1) No deformation (2) Yes - deformation (9) Unknown 96. Did Glove Compartment Door Open During Collision(s)? (0) No glove compartment door (1) No - door did not open (2) Yes - door opened (9) Unknown 97. Adaptive (Assistive) Driving Equipment			
91. Location of Steering Rim/Spoke Deformation (00) No steering rim deformation Quarter Sections (01) Section A (02) Section B (03) Section C (04) Section D Half Sections (05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke (09) Complete steering wheel collapse (10) Undetermined location (99) Unknown	97. Adaptive (Assistive) Driving Equipment (0) No adaptive driving equipment (1) Adaptive driving equipment installed (Check all that apply.) [] Hand controls for braking/acceleration [] Steering control devices (attached to OEM steering wheel [] Steening knob attached to steering wheel [] Low effort power steering (unit or device) [] Replacement steering wheel (i.e., reduced diameter) [] Joy-stick steering controls [] Wheelchair tie-downs [] Modification to seat belts (specify): [] Additional or relocated switches (specify): [] Raised roof [] Wall-mounted head rest (used behind wheelchair) [] Other adaptive device (specify): (9) Unknown			



Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

		POIN	ITS OF OC	CUPANT CONTACT	
Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
Α	43	62	KNEE	CLUTH TRANSPAL	/
В	180	φz	FACE	BLOOD	3
С	442	42	L. 4AND	CARCED	2
D	401	øz.	"	SMEAR/CRACKED	2
E	PP1	42	-	-	2
F	φψ (Ψ3	14520	CRACK	2
G					
Н					
ı					
J					
K					
L					
М					
N					

	N	
FRON	IT	
(001)	Windshield	
(002)	Mirror	
(003)	Sunvisor	
(004)	Steering wheel rim	
(005)	Steering wheel hub/spoke	
(006)	Steering wheel (combination	
	of codes 004 and 005)	
(007)	Steering column transmission	
	selector lever, other	
	attachment	
(800)	Cellular telephone or CB radio	
(009)	Add on equipment(e.g.,	
	tapedeck, air conditioner)	
(010)	Left instrument panel and	
	below	
(011)	Center instrument panel and	
	below	
(012)	Right instrument panel and	

Knee bolster (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)

Glove compartment door

below

(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)

(017) Windshield reinforced by extenor object, (specify):

(019) Other front object (specify):

INTERIOR

(151) Seat, back support

LEFI	SIDE
(051)	Left side interior surface,
	excluding hardware or
	armrests
(052)	Left side hardware or armrest
	Left A (A1/A2)-pillar
	Left B-pillar
	Other left pillar (specify):
(000)	Giller left pinar (appeary).
(056)	Left side window glass
	Left side window frame
	Left side window sill
(059)	
(000)	including one or more of the
	following: frame, window sill,
	A (A1/A2)-pillar, B-pillar, or
	roof side rail.
(060)	
(000)	Other left side object
	(specify):
PIGH:	T SIDE
	Right side interior surface,
(101)	excluding hardware or
	armrests
(400)	
(102)	
	armrest
(103)	
(104)	
(105)	Other right pillar (specify):

(106) Right side window glass

(107) Right side window frame

Right side window glass

including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or

(108) Right side window sill

roof side rail.

(specify):

(110) Other right side object

(109)

LEET SIDE

(152) Belt restraint webbing/buckle (153) Belt restraint B-pillar or door frame attachment point (154) Other restraint system component (specify): (155) Head restraint system (160) Other occupants (specify): (161) Interior loose objects (162) Child safety seat (specify): (163) Other interior object (specify): AIR BAG (170) Air bag-driver side (175) Air bag compartment cover-driver side (180) Air bag-passenger side (185) Air bag compartment cover-passenger side (190) Other air bag (specify) (195) Other air bag compartment cover (specify) ROOF

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT (401) Hand controls for braking/acceleration (402) Steering control devices (attached to OEM steering wheel) (403) Steering knob attached to steering wheel (405) Replacement steering wheel (i.e., reduced diameter) (406)Joy stick steering controls (407) Wheelchair tie-downs (408) Modification to seat belts, (specify): (409) Additional or relocated switches, (specify): (410) Raised roof Wall mounted head rest (used (411) behind wheel chair) (412) Other adaptive device (specify):

(301) Backlight (rear window)

(302) Backlight storage rack,

(303) Other rear object (specify):

door, etc.

(204) Roof right side rail (205) Roof or convertible top

(201) Front header

(202) Rear header

(203) Roof left side rail

FI OOR (251) Floor (including toe pan) (252) Floor or console mounted transmission lever, including console

(253) Parking brake handle

(254) Foot controls including parking brake

CONFIDENCE LEVEL OF CONTACT POINT

- Certain
- (2) Probable
- (3)Possible
- Unknown

		MANUAL RESTR	AINTS		
NOTES:	systems should be assessed during	ch seat position in the vehicle	. The attribute for tooded on the Occup	he variable m pant Assessm	nay be found below. Restraint nent Form.
	If a Child safety seat is present, er	ncode the data on the back of t	his page.		
	If the vehicle has automatic restra	ints available, encode the appro	priate data on the	back of the p	revious page.
		Left	Center		Right
	Availability	3			3
F	Evidence of usage	\$3			ø <i>3</i>
ı	Used in this crash?	43	/		49
R S T	Proper Use	1			Ψ
S T	Failure Modes	/			φ
•	Anchorage Adjustment	4			4
	Availability	4	3		4
	Evidence of usage	94	43		Ø4
одоошо	Used in this crash?	P	P		φ
Č	Proper Use	4	Φ		φ
O _N	Failure Modes	φ	4		φ
Ď		1	4		/
	Anchorage Adjustment				
ŀ	Availability	 		/	
0	Evidence of usage	 	1	/	
Ţ	Used in this crash?		 		
H E R	Proper Use	 	 		
R	Failure Modes				
	Anchorage Adjustment	<u> </u>	<u>. L</u>	<u></u>	
(0) (1) (2) (3) (4) (5) Integ (6) (7) (8)	(Active) Bett System Availability None available Bett removed/destroyed Shoulder bett Lap bett Lap and shoulder bett Bett available - type unknown aral Bett Partially Destroyed Shoulder bett (lap bett destroyed/removed) Lap bett (shoulder bett destroyed/removed) Other bett (specify): Unknown	Proper Use of Manual (Active) (0) None used or not avail (1) Belt used property (2) Belt used property with Belt Used Improperty (3) Shoulder belt worn und (4) Shoulder belt worn belt worn belt worn around more (5) Belt worn around more (6) Lap belt worn on abdelt (7) Lap belt or lap and shimproperty with child (specify): (8) Other improper use of system (specify): (9) Unknown	h child safety seat ader arm shind back or seat e than one person omen oulder belt used safety seat	(1) No uj shou Adju: Anct (2) In ful (3) In mil (4) In ful (5) Posit (9) Unkr	houlder bett pper anchorage adjustment for Ider bett stable shoulder Bett Upper norage If up position If down position If down position If our position If our position If our position If our position If our position If position has adjustable If anchorage adjustment
(00) (01) (02) (03) (04) (05) (08) (12) (13) (14) (15) (18)	None used, not available, or belt removed/destroyed Inoperable (specify): Shoulder belt Lap belt Lap and shoulder belt Belt used - type unknown Other belt used (specify): Shoulder belt used with child safety seat Lap belt used with child safety seat Belt used with child safety seat Belt used with child safety seat Belt used with child safety seat Other belt used with child safety seat Belt used with child safety seat Belt used with child safety seat Other belt used with child safety seat (specific):	Manual (Active) Belt Failure M Accident (0) No manual belt used (1) No manual belt used (1) No manual belt failur (2) Torn webbing (stretc included) (3) Broken buckle or late (4) Upper anchorage set (5) Other anchorage set (specify): (6) Broken retractor (7) Combination of abov (8) Other manual belt failure	or not available e(s) hed webbing not chplate parated parated e (specify):		
(99)	(specify): Unknown if bett used				

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left Front	Right Front	Other
F	Availability/Function	1	1	
RST	Deployment	1	1	
	Failure	1	1	7

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):
- (3) Air bag not reinstalled
- (9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (9) Unknown

Frontal Air Bag System Deployment (This Occupant Position)

- (0) Not equipped/not available
- Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident

sequence

- (3) Deployed, accident undetermined
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

Air Bag(s) Deployment, <u>Other</u> Than First Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

AUTOMATIC BELTS

		Left	Right
	Availability/Function	/	/
F-RST	Use	/	/
	Туре	2	2
	Proper Use	`/	/
	Failure Modes	1	/

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic betts
- (2) 3 point automatic betts
- (3) Automatic belts type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly

with child safety seat (specify):

- (8) Other improper use of automatic bett system (specify):
- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):
- (9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data for the driver and first seat passenger in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
Type of air bag?	(/
Flaps open at tear points?	2	2
Flaps damaged?	/	1
Air bag damaged?	ØI .	41
Source of air bag damage	ψl	41
Air bag tethered?	2,2	1,0
Air bag have vent ports?	2, 2	2, 2
Other occupant contact air bag?	/	Z
Occupant wearing eyewear?	4	9

Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):
- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- 3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- 3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

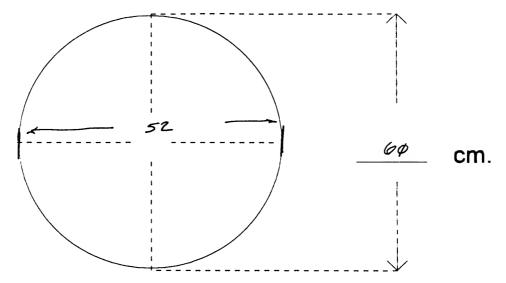
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

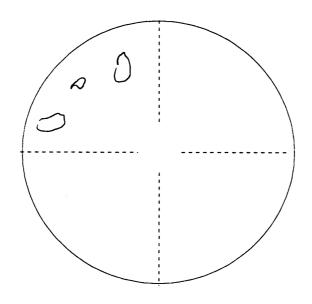
DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



10 POLDS IN FLONT 6.5 CM APART

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)

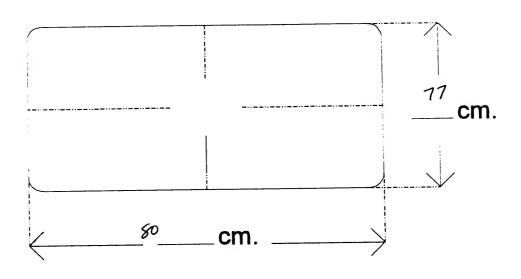


2 FOLDS IN BACK

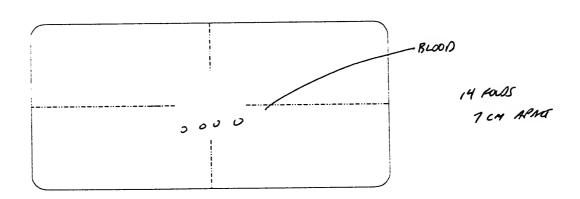
DRIVER AIR BAG S	KETCHES (Cont'd)
3. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE) a. Upper Flap width (W _U) Property of the property of the	
4. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE	5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS
	6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS 12 Q 2 9 3 8 4 7 6 5

PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)

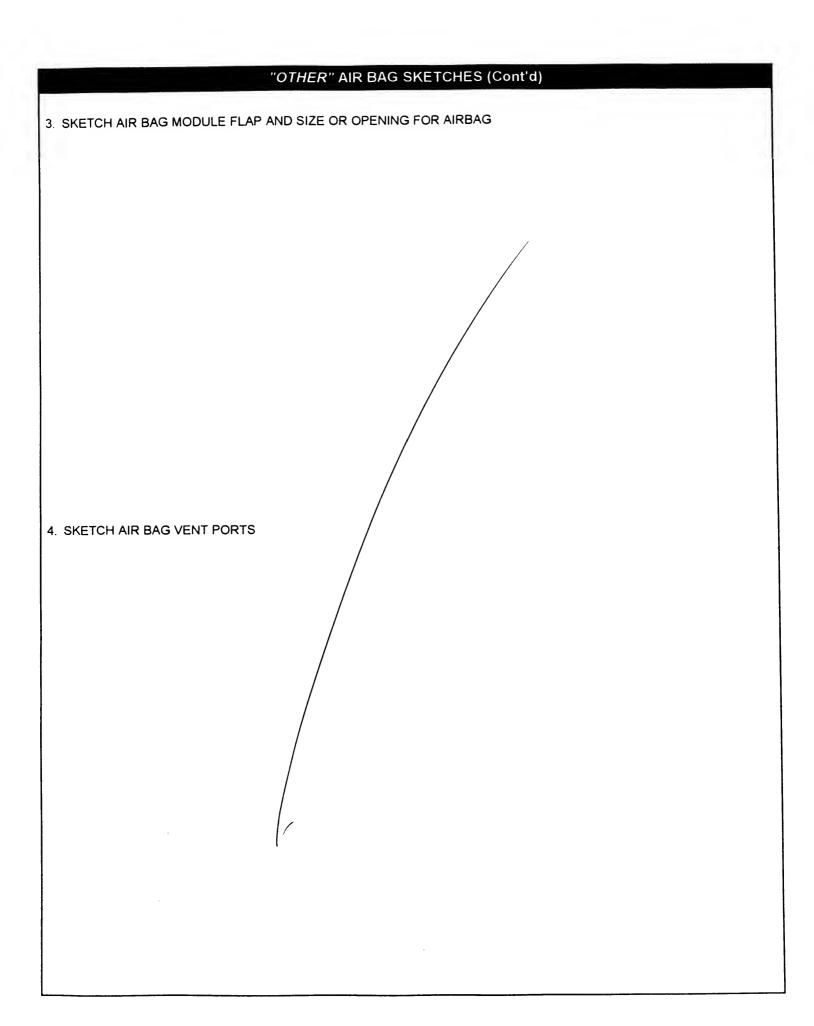


2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



PASSENGER AIR BAG	S SKETCHES (Cont'd)
3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE) a. Flap width (W)	4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE) a. Upper Flap width (W _U) height (H _U) H, H, W, W, W, W, W, H, W, H, W, W
5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE	7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS 10 11 12 1 2 9 3 8 7 6 5 4

"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES
1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)
2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)



HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
	Head Restraint Type/Damage	3	/	3
Ì	Seat Type	41		41
F	Seat Performance	/		/
R S	Seat Orientation	6		4
Ť	Seat Track Position	14		14
	Seat Back Incline Pre/Post Impact	1		/
	Head Restraint Type/Damage	Φ	P	P
_	Seat Type	<i>\$5</i>	Ø 5	Φ5
S E C	Seat Performance	,		,
CO	Seat Orientation	1	,	1
N D	Seat Track Position	φι	Ø 1	cr/
	Seat Back Incline Pre/Post Impact	1	1	/
	Head Restraint Type/Damage			
Т	Seat Type			
ė.	Seat Performance	/		
I R	Seat Orientation			
D	Seat Track Position			
	Seat Back Incline Pre/Post Impact			
	Head Restraint Type/Damage			
0	Seat Type			
T H	Seat Performance			
E R	Seat Orientation			
11	Seat Track Position		7	
	Seat Back Incline Pre/Post Impact	1		

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

HEAD RESTRAINTS/SEAT EVALUATION

Head Restraint Type/Damage by Occupant at This Occupant **Position**

- (0) No head restraints
- (1) Integral no damage(2) Integral damaged during accident
- (3) Adjustable no damage(4) Adjustable damaged during accident
- (5) Add-on no damage
- (6) Add-on damaged during accident
- Other Specify):
- (9) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat No seat performance failure(s)
- Seat adjusters failed (2)
- Seat back folding locks or "seat back" failed (specify):
- Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):
- (7) Combination of above (specify):
- (8) Other (specify):
- (9) Unknown

Seat Type (this Occupant Position)

Seat Orientation (this Occupant Position)

- Occupant not seated or no seat (0)
- Forward facing seat
- Rear facing seat
- Side facing seat (inward)
- Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

Occupant not seated or no seat

- Bucket (01)
- Bucket with folding back (02)
- (03)Bench
- Bench with separate back (04)cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- Split bench with folding back(s) (07)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Track Adjusted Position Prior To **Impact**

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- Seat at rear most track position
- (9) Unknown

Seat Back Incline Prior and Post **Impact**

- Occupant not seated or no seat (00)
- Not adjustable (01)

Upright prior to impact

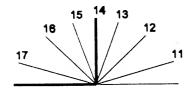
- Moved to completely rearward (11)position
- Moved to rearward midrange (12)position
- Moved to slightly rearward position (13)
- Retained pre-impact position (14)
- Moved to slightly forward position (15)
- Moved to forward midrange (16)position
- Moved to completely forward (17)position

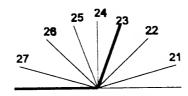
Slightly reclined prior to impact

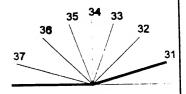
- Moved to completely rearward (21)position
- Moved to rearward midrange (22)position Retained pre-impact postion
- (24) Moved to upright position
- Moved to slightly forward position (25)
- Moved to forward midrange (26)position
- Moved to completely forward (27)position

Completely reclined prior to impact

- Retained pre-impact position
- Moved to rearward midrange (32)position
- Moved to slightly rearward position (33)
- (34)Moved to upright position
- Moved to slightly forward position (35)
- Moved to forward midrange (36)position
- Moved to completely forward (37)position
- (99) Unknown







Coding diagrams for Seat Back Incline Position Prior and Post Impact

CHILD SAFETY SEAT FIELD ASSESSM	IFNT
---------------------------------	------

When a child safety seat is prooccupant's number using the co	esent enter the	occupant's numb	er in the first row a	nd complete the colo	umn below the
	odes listed belo	ow. Complete a c	olumn for each chi	d safety seat presen	t.
10.00	2				

Oc	cupant Number	Φ3						
	Type of Child Safety Seat							
2.	Child Safety Seat Orientation							
3.	Child Safety Seat Harness Usage							
4.	Child Safety Seat Shield Usage							
5.	Child Safety Seat Tether Usage							
6.	Child Safety Seat Make/Model		Specify E	3elow f	or Eac	ch Child Safety	y Seat	
1.	Type of Child Safety Seat		3	. Chi	ld Safe	ety Seat Harne	ess Usage	
	(0) No child safety seat (1) Infant seat (2) Toddler seat					ety Seat Shield		
	(2) Toddler seat (3) Convertible seat (4) Regeter seat		5	5. Chi Not	ld Safe e: Opti	ety Seat Tethe ions Below Ar	er Usage re Used for Varia	ables 3-5.
	(4) Booster seat(7) Other type child safety	seat (specify):			•	child safety se		
	(8) Unknown child safety seat type (9) Unknown if child safety seat used		-	Not Designed with Harness/Shield/Tether (01) After market harness/shield/tether				
2.				,	adde	ed, not used	ness/shield/tethe	
۷.	Child Safety Seat Orientation (00) No child safety seat) Chile	d safety seat	used, but no aft		
	Designed for Rear Facing f This Age/Weight	for		harness/shield/tether added (09) Unknown if harness/shield/tethe added or used				
	(01) Rear facing (02) Forward facing			Des	signed	With Harness	s/Shield/Tether	
	(08) Other orientation (spe			(12	(11) Harness/shield/tether not used (12) Harness/shield/tether used			
	(09) Unknown orientation			`	•		ess/shield/tether	
	Designed for Forward Facili Age/Weight	ng for This		(21) Hari	ness/shield/te	W ith Harness/Sh ether not used	nield/Tether
	(11) Rear facing			(22	2) Harı	ness/shield/te	ether used	rusad
	(12) Forward facing(18) Other orientation (specific	ecify):		•	•		ess/shield/tether	
	(19) Unknown orientation			·			safety seat use	a
	Unknown Design or Orienta Age/Weight, or Unknown A (21) Rear facing	ation For This	(ety Seat Make nake/model a	e/Model and occupant nu	ımber)
	(22) Forward facing (28) Other orientation (spe	ecify):	-					
	(29) Unknown orientation							
	(99) Unknown if child safe	ety seat used						

Component(s):_

(Note in vehicle interior diagram)

Complete the following if the researc vehicle. Code the appropriate data or	EJECTION/ her has any ind n the Occupant	ication th	at an occupant w		from or entrapp	ed in the	
EJECTION No [/] Yes [] Describe indications of ejection and b	ody parts involv	ed in part	tial ejection(s):				
Occupant Number							
Ejection							
(Note on Vehicle Interior Sketch) Ejection Area							
Ejection Medium							
Medium Status							
Ejection (1) Complete ejection (2) Partial ejection (3) Ejection, Unknown degree	(8) Othe	(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify):			(5) Integral structure (8) Other medium (specify): (9) Unknown Medium Status (Immediately Prior to Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown		
(9) Unknown Ejection Area	Ejection N						
(1) Windshield(2) Left front(3) Right front(4) Left rear	(2) Non (3) Fixe						
(5) Right rear (6) Rear							
ENTRAPMENT No [Yes			-				
Describe entrapment mechanism: _							



1. Primary Sampling Unit Number 2. Case Number - Stratum 4	National Highway Traffic Safety Administration	NATIONAL ACCIDENT SAMPLING SYSTE CRASHWORTHINESS DATA SYSTE
3. Vehicle Number 4. Occupant Number Coccupant's CHARACTERISTICS 5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (37) 97 years and older (99) Unknown 6. Occupant's Sex (1) Male (2) Female-pregnant-and trimester(1st-3rd month) (3) Female-pregnant-3rd trimester(1st-9th month) (5) Female-pregnant-3rd trimester(4th-9th month) (6) Female-pregnant-3rd trimester(7th-9th month) (6) Female-pregnant-3rd trimester(7th-9th month) (6) Female-pregnant-3rd trimester(7th-9th month) (7) Female-pregnant-3rd trimester(7th-9th month) (8) Unknown 7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown 7. Occupant's Weight Code actual weight to the nearest kilogram. (999) Unknown 7. Occupant's Weight Code actual weight to the nearest kilogram. (999) Unknown 7. Occupant's Weight Code actual weight to the nearest kilogram. (999) Unknown 7. Occupant's Role (1) Driver (2) Passenger (3) Unknown 7. Occupant's Role (4) Code actual weight to the nearest kilogram. (999) Unknown 7. Occupant's Role (1) Driver (2) Passenger (3) Unknown 7. Occupant's Role (4) Code actual weight to the nearest kilogram. (999) Unknown 8. Occupant's Role (1) Driver (2) Passenger (3) Unknown 7. Occupant's Role (4) Code actual weight to the nearest kilogram. (999) Unknown 8. Occupant's Role (1) Driver (2) Passenger (3) Unknown 9. Occupant's Role (4) Code actual weight to the nearest kilograms (5) Code actual weight to the nearest kilogram or corose seat the posture with the posture of the posture with the posture of	Primary Sampling Unit Number	OCCUPANT'S SEATING
3. Vehicle Number 4. Occupant Number Cocupant's CHARACTERISTICS 5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown 6. Occupant's Sex (1) Male (2) Female-pregnant-1st trimester(1st-3rd month) (4) Female-pregnant-3rd trimester(4th-6th month) (5) Female-pregnant-3rd trimester(7th-9th month) (6) Female-pregnant-3rd trimester(7th-9th month) (7) Female-pregnant-3rd trimester(7th-9th month) (8) Unknown 7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown 7. Occupant's Height Code actual weight to the nearest kilogram. (999) Unknown 7. Occupant's Weight Code actual weight to the nearest kilogram. (999) Unknown 7. Occupant's Weight Code actual weight to the nearest kilogram. (999) Unknown 7. Occupant's Posture (1) Driver (2) Passenger (3) Left side (14) Other (specify): (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant 7. Occupant's Height Code actual height to the nearest kilogram. (999) Unknown 7. Occupant's Weight Code actual weight to the nearest kilogram. (999) Unknown 7. Occupant's Posture (1) Oriver (2) Passenger (3) Unknown 11. Occupant's Posture (1) Normal posture (2) Kineding or standing on seat (2) Lying on or across seat (3) Kneeling standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify):	2. Case Number - Stratum 4 13 1 4	
Cocupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown 6. Occupant's Sex (1) Male (2) Female-pregnant-1st trimester(1st-3rd month) (4) Female-pregnant-3rd trimester(7th-9th month) (5) Female-pregnant-3rd trimester(7th-9th month) (6) Female-pregnant-3rd trimester(7th-9th month) (7) Female-pregnant-3rd trimester(7th-9th month) (8) Unknown 7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown 7 p inches X254 = 178 centimeters (999) Unknown 2 p pounds X 4536 = 2 9 5 kilograms 9. Occupant's Weight Code actual weight to the nearest kilogram. (999) Unknown 2 p pounds X 4536 = 2 9 5 kilograms 9. Occupant's Role (1) Driver (2) Passenger (3) Unknown 11. Occupant's Posture (2) Riddle (33. Right side (24) Other (specify): (25) On or in the lap of another occupant 7. Third Seat (31) Left side (32) Middle (33. Right side (34) Other (specify): (35) On or in the lap of another occupant Fourth Seat (41) Left side (34) Other (specify): (35) On or in the lap of another occupant Fourth Seat (41) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant Fourth Seat (41) Left side (32) Middle (33) Right side (34) Other (specify): (45) On or in the lap of another occupant Fourth Seat (41) Left side (32) Middle (33) Right side (34) Other (specify): (45) On or in the lap of another occupant Fourth Seat (41) Left side (32) Middle (33) Right side (34) Other (specify): (45) On or in the lap of another occupant Fourth Seat (41) Left side (31) Left side (32) Middle (33) Right side (34) Other (specify): (45) On or in the lap of another occupant Fourth Seat (41) Left side (31) Left side (32) Middle (33) Right side (34) Other (specify): (45) On or in the lap of another occupant Fourth Seat (41) Left side (32) Middle (33) Right side (34) Other (specify): (45) On or in the lap of another occupant (46) Other (specify): (47) Other (specify): (48) Other (specify): (49) Unknown (9	3. Vehicle Number	(11) Left side
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown 6. Occupant's Sex (1) Male (2) Female-not reported pregnant (3) Female-pregnant-2nd trimester(1st-3rd month) (4) Female-pregnant-2nd trimester(7th-9th month) (5) Female-pregnant-2nd trimester(7th-9th month) (6) Female-pregnant-2nd trimester(7th-9th month) (7) Unknown (8) Unknown 7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown 7. Occupant's Weight Code actual wight to the nearest kilogram. (999) Unknown 21 pinches X 2.54 = 178 centimeters 8. Occupant's Weight Code actual weight to the nearest kilogram. (999) Unknown 21 pounds X .4536 = p. 9.5 kilograms (999) Unknown 21 pounds X .4536 = p. 9.5 kilograms (990) Unknown (1) Driver (2) Passenger (3) Unknown (4) Other (specify): (25) On or in the lap of another occupant (33) Right side (34) Other (specify): (35) On or in the lap of another occupant (34) Cher (specify): (35) On or in the lap of another occupant (37) Left side (38) Middle (39) Middle (30) Middle (30) Middle (31) Left side (32) Middle (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant (36) On or in the lap of another occupant (37) Left side (38) On or in the lap of another occupant (41) Left side (42) Middle (43) Widdle (44) Other (specify): (45) On or in the lap of another occupant (46) On or in the lap of another occupant (47) Left side (48) Other (specify): (55) On or in the lap of another occupant (50) Or or in the lap of another occupant (51) Left side (52) Middle (52) Middle (53) Right side (64) Other (specify): (55) On or in the lap of another occupant (64) Other (specify): (65) On or in the lap of another occupant (64) Other (specify): (65) On or in the lap of another occupant (64) Other (specify): (65) On or in the lap of another occupant (64) Other (specify): (65) On or in the lap of another occupant (64) Other (specify): (65) On or in the lap of another occupant (64) Oth	4. Occupant Number	
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown 6. Occupant's Sex (1) Male (2) Female-not reported pregnant (3) Female-pregnant-1st trimester(1st-3rd month) (4) Female-pregnant-3rd trimester(7th-9th month) (5) Female-pregnant-1rd trimester(7th-9th month) (6) Female-pregnant-term unknown (9) Unknown 7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown 7. Occupant's Weight Code actual weight to the nearest kilograms. (999) Unknown 7. Occupant's Weight Code actual weight to the nearest kilogram. (999) Unknown 19 Occupant's Weight Code actual weight to the nearest kilogram. (999) Unknown 11. Occupant's Posture (0) Normal posture (1) Normal posture (1) Normal posture (1) Normal posture (2) Lying on or across seat (3) Kineeling, standing or stifting in front of seat (4) Lift side (42) Middle (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (45) Other seat (specify): (45) On or in the lap of another occupant (45) Other seat (specify): (99) Unknown 11. Occupant's Posture (0) Normal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or stifting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify):	OCCUPANT'S CHARACTERISTICS	(14) Other (specify):
	Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown 6. Occupant's Sex (1) Male (2) Female-not reported pregnant (3) Female-pregnant-1st trimester(1st-3rd month) (4) Female-pregnant-2nd trimester(4th-6th month) (5) Female-pregnant-3rd trimester(7th-9th month) (6) Female-pregnant-term unknown (9) Unknown 7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown 7\$\Phi\$ inches X 2.54 = \frac{178}{28}\$ centimeters 8. Occupant's Weight Code actual weight to the nearest kilogram. (999) Unknown 21\$\Phi\$ pounds X .4536 = \frac{9}{2}\$ / \$\frac{5}{2}\$ kilograms 9. Occupant's Role (1) Driver (2) Passenger	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify):

EJECTION/ENTRAPMENT			
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	Φ	15. Medium Status (Immediately Prior To Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown	
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	φ	16. Entrapment (0) Not entrapped/exit not inhibited (1) Entrapped/pinned - mechanically restrained (2) Could not exit vehicle due to jammed doors, fire, etc. (specify): (9) Unknown 17. Occupant Mobility (0) Occupant fatal before removed from vehicle (1) Removed from vehicle while unconscious or disoriented	
(0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown		 (2) Removed from vehicle due to injuries (3) Exited vehicle with some assistance (4) Exited vehicle under own power (5) Occupant fully ejected (9) Unknown 	

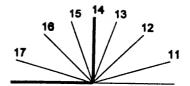
		BELT SYST	EM FUNCTION
18	. M (1) (2) (3) (4) (5)	Shoulder belt Lap belt	22. Shoulder Belt Upper Anchorage Adjustment (0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt Adjustable shoulder Belt Upper Anchorage (2) In full up position (3) In mid position (4) In full down position
	In (6 (7 (8	tegral Belt Partially Destroyed) Shoulder belt (lap belt destroyed/removed)) Lap belt (shoulder belt destroyed/removed)) Other belt (specify):	(5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment
19	(9 . M (0	anual (Active) Belt System Use O) None used, not available, or belt	23. Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown
	(0: (0: (0: (0: (0:	removed/destroyed 1) Inoperative (specify): 2) Shoulder belt 3) Lap belt 4) Lap and shoulder belt 5) Belt used—type unknown 8) Other belt used (specify):	Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown 24. Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative
	(15)	2) Shoulder belt used with child safety seat 3) Lap belt used with child safety seat 4) Lap and shoulder belt used with child safety seat 5) Belt used with child safety seat—type unknown	(1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown
20.	(99 Pro (0)	Other belt used with child safety seat (specify): Other	25. Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown
	(1) (2) <i>Bei</i> (3) (4)	Belt used properly Belt used properly with child safety seat It Used Improperly Shoulder belt worn under arm Shoulder belt worn behind back or seat Belt worn around more than one person	26. Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat
	(6) (7)	Lap belt worn on abdomen Lap belt or lap and shoulder belt used improperly with child safety seat (specify): Other improper use of manual belt system	Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person
		(specify):	(6) Lap portion of automatic belt worn on abdomen(7) Automatic lap and shoulder belt or
	Dur (0) (1)	nual (Active) Belt Failure Modes ing Accident No manual belt used or not available No manual belt failure(s) Torn webbing (stretched webbing not included)	automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown
(4) 5) 6)	Broken buckle or latchplate Upper anchorage separated Other anchorage separated (specify): Broken retractor	27. Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate
(8)	Combination of above (specify): Other manual belt failure (specify):	(4) Opper anchorage separated(5) Other anchorage separated (specify):
(9)	Unknown	 (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown

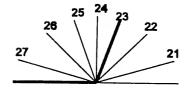
POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
28. Police Reported Belt Use (0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify):	30. Frontal Air Bag System Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown
(9) Police indicated "unknown" 29. Police Reported Air Bag Availability/Function (0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"	31. Frontal Air Bag System Deployment (This Occupant Position) (0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown
Check the Primary Source Used In Determining Belt Use. [] Not equipped/not available/destroyed or rendered inoperative [] Vehicle inspection [] Official injury data [] Driver/occupant interview [] Other (specify):	32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown Specify type of *other* air bag present:
	 Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown
	34. Are There Indications of Air Bag System Failure? (This Occupant Position) (0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown

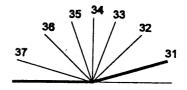
FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION			
(0) Not eq (1) No pre Yes (2) Previo (3) One pi (4) More ti deploy	ous accidents, unknown deployment status	40. Longitudinal Component of Delta V For Air Bag Deployment Impact (-000) Not equipped/not available Code the value of the delta V for the impact that initiated the air bag deployment (-996) Deployment, unknown longitudinal Delta V (-997) Not deployed (-998) Unknown if deployed (-999) Unknown	
(1) Origina (2) Retrofi (3) Replac	quipped/not available al manufacturer installed system fitted air bag cement air bag own type of air bag	41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? (0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed (9) Unknown	
Been Performance (0) Not equal (1) No priormance (2) Yes, priormance (9) Unknown 38. Air Bag De Sequence (00) Not equal (1) Not equal (2) Priormance (1) Not equal (2) Priormance (2) Priormance (3) Not equal (2) Priormance (4) Not equal (2) Priormance (5) Not equal (2) Priormance (6) Not equal (2) Priormance (6) Not equal (2) Priormance (6) Priormance (7) Not equal (2) Priormance (8) Priormance (9) Unknown (9) Unknown (9) Priormance (9) P	eployment Accident Event ΦI Number equipped/not available Code the accident event sequence number	42. Were Air Bag Module Cover Flap(s) Damaged? (0) Not equipped/not available (1) No (2) Yes (specify): (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown 43. Was There Damage To The Air Bag? (00) Not equipped/not available	
(96) Deploy (97) Not do (98) Unkn (99) Unkn (99) Unkn (99) Unkn (99) Unkn (1) Highest (2) Second (3) Other n (6) Deploy (7) Not dep	that initiated the air bag deployment loyed, unknown event deployed nown if deployed nown Air Bag Deployment Impact quipped/not available st delta V d highest delta V (specify): //ed, unknown event ployed wn if deployed	(00) Not equipped/not available (01) Not damaged Yes - Air Bag Damage (02) Ruptured (03) Cut (04) Torn (05) Holed (06) Burned (07) Abraded (88) Other damage (specify): (95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown	

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION continued	HEAD RESTRAINT AND SEAT EVALUATION
44. Source of Air Bag Damage (00) Not equipped/not available (01) Not damaged (02) Object worn by occupant, (specify): (03) Object carried by occupant, (specify): (04) Adaptive/assistive controls, (specify): (05) Fire in vehicle (06) Thermal burns	49. Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify):
(07) Rescue or emergency efforts (88) Other damage source (specify): (95) Damaged, unknown source (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown	50. Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions
45. Was The Air Bag Tethered? (0) Not equipped/not available (1) No (2) Yes (specify number of tether straps): (3) Deployed, unknown if tethered (7) Not deployed (8) Unknown if deployed (9) Unknown	(07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Box mounted seat (i.e., van type) (10) Other seat type (specify): (99) Unknown 51. Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat
46. Did The Air Bag Have Vent Ports? (0) Not equipped/not available (1) No (2) Yes (specify number of vent ports): (3) Deployed, unknown if vent ports present (7) Not deployed (8) Unknown if deployed (9) Unknown	(1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify): (9) Unknown 52. Seat Track Adjusted Position Prior To Impact (0) Occupant not seated or no seat
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? (0) Not equipped/not available (1) No (2) Yes (specify): (3) Deployed, unknown if other occupant contact to air bag (7) Not deployed (8) Unknown if deployed (9) Unknown	(1) Non-adjustable seat track Adjustable Seat Track (2) Seat at forward most track position (3) Seat between forward most and middle track positions (4) Seat at middle track position (5) Seat between middle and rear most track positions (6) Seat at rear most track position (9) Unknown
48. Was This Occupant Wearing Eye-wear? (0) Not equipped/not available (1) No (2) Eyeglasses/sunglasses (3) Contact lenses (4) Deployed, unknown if eyewear worn (7) Not deployed (8) Unknown if deployed (9) Unknown	

vacio	The Accident Samp	HEAD RESTRAIN	
(Seat Back Incline Pr (00) Occupant not (01) Not adjustable		14
() () () ()	 12) Moved to rean 13) Moved to sligh 14) Retained pre-i 15) Moved to sligh 16) Moved to forward 	pletely rearward position ward midrange position tly rearward position mpact position	
(2 (2 (2 (2	Moved to reary Retained pre-in Moved to uping Moved to slight Moved to forwa	pletely rearward position ward midrange position mpact position the position	
(3 (3 (3 (3 (3	Moved to slightMoved to uprightMoved to slightMoved to forwa	npact position vard midrange position lly rearward position	
(9	9) Unknown		
(0) (1) (2) (3) (4)) Occupant not sea) No seat performa) Seat adjusters fail	nce failure(s) led locks or "seat back" failed s failed	<u> </u>
(6)	Deformed by pass (specify):	senger compartment intru	sion,
(7)	Combination of ab		
(8) (9)	Other (specify): Unknown		·







CHILD SA	FETY SEAT
55. Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing	 58. Child Safety Seat Harness Usage φ φ 59. Child Safety Seat Shield Usage φ φ
(950) Built-in child safety seat (997) Other make/model (specify): (998) Unknown make/model (999) Unknown if child safety seat used	60. Child Safety Seat Tether Usage ϕ
56. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used	Note: Options below applicable to Variables OA58-OA60. (00) No child safety seat Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether
57. Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (23) Other orientation (specify): (29) Unknown orientation (99) Unknown if child safety seat used	(11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used Unknown if Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used

INJURY CONSEQUENCES	
61. Injury Severity (Police Rating) (0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown	63. Type Of Medical Facility (for Initial Treatment) (0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): (9) Unknown
 62. Treatment - Mortality (0) No treatment (1) Fatal (2) Fatal - ruled disease (specify): Nonfatal	- 64. Hospital Stay (00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown
(3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify): (8) Transported to a medical facility-unknown if treated (9) Unknown	65. Working Days Lost Code the number of days (up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown
STOP W	ORK HERE
VADIAL	RI FS 66-74

TO BE CODED BY THE ZONE CENTER

TO BE CODED BY THE ZONE CENTER

INJURY CONSEQUENCES	TRAUMA DATA
66. Time to Death Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 + n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown	71. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured
67. 1st Medically Reported Cause of Death 68. 2nd Medically Reported Cause of Death Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify): (97) Other result (includes fatal ruled disease) (specify):	72. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given 73. Artenial Blood Gases (ABG) – HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of the HCO ₃ (96) ABGs reported, HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured
70. Number of Recorded Injuries for This Occupant Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	74. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection (2) Official injury data (3) Driver/occupant interview (8) Other (specify): (9) Unknown if belt used

Form Approved O.M.B. No. 2127-0021

National Highway Traffic Safety Administration	NATIONAL ACCIDENT SAMPLING SYST CRASHWORTHINESS DATA SYST
Primary Sampling Unit Number	OCCUPANT'S SEATING
2. Case Number - Stratum AB 14	10. Occupant's Seat Position / 3
3. Vehicle Number	Front Seat (11) Left side
4. Occupant Number ϕ Z	(12) Middle
OCCUPANT'S CHARACTERISTICS	(13) Right side (14) Other (specify):
5. Occupant's Age 3.8	(15) On or in the lap of another occupant
5. Occupant's Age Code actual age at time of accident.	Second Seat
(00) Less than one year old (specify by month):	(21) Left side (22) Middle
(97) 97 years and older	(23) Right side
(99) Unknown	(24) Other (specify):
	(25) On or in the lap of another occupant
6. Occupant's Sex	Third Seat
(1) Male	(31) Left side
(2) Female-not reported pregnant	(32) Middle (33) Right side
(3) Female-pregnant-1st trimester(1st-3rd month)(4) Female-pregnant-2nd trimester(4th-6th month)	(34) Other (specify):
(5) Female-pregnant-3rd trimester(7th-9th month)	(35) On or in the lap of another occupant
(6) Female-pregnant-term unknown	Fourth Seat
(9) Unknown	(41) Left side
	(42) Middle
7. Oppurposto Usinha / 6.8	(43) Right side
7. Occupant's Height	(44) Other (specify): (45) On or in the lap of another occupant
Code actual height to the nearest centimeter.	(15) Shahala tap shahala sasapant
(999) Unknown	(97) In or on unenclosed area
66	(98) Other seat (specify):(99) Unknown
66 inches X 2.54 = 168 centimeters	(65) CHAROWII
8. Occupant's Weight ψ 8 2	
Code actual weight to the nearest kilogram.	11. Occupant's Posture
(999) Unknown	(0) Normal posture
	Abnormal posture
$\frac{189}{9}$ pounds X .4536 = $\frac{482}{9}$ kilograms	(1) Kneeling or standing on seat
9. Occupant's Role	(2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat
(1) Driver	(4) Sitting sideways or turned to talk with another
(2) Passenger	occupant or to look out a rear window (5) Sitting on a console
(9) Unknown	(6) Lying back in a reclined seat position
	(7) Bracing with feet or hands on a surface in front of seat
	(8) Other abnormal posture (specify):
	(9) Unknown
	BEST AVAILABLE

EJE(CTION/E	NTRAPMENT
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	Φ	15. Medium Status (Immediately Prior To Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown 14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown	Φ.	16. Entrapment (0) Not entrapped/exit not inhibited (1) Entrapped/pinned - mechanically restrained (2) Could not exit vehicle due to jammed doors, fire, etc. (specify):

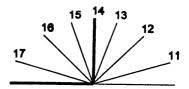
	BELT SYSTEM FUNCTION					
(0)	Shoulder belt Lap belt	3	22. Shoulder Belt Upper Anchorage Adjustment (0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt Adjustable shoulder Belt Upper Anchorage (2) In full up position (3) In mid position (4) In full down position			
(6) (7) (8) (9) 19. M: (0) (0) (0) (0) (1) (1) (1) (1)	Other belt (specify):	νn	(5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment 23. Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown 24. Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown 25. Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system			
20. Pr (0 (1 (2 Bi (3 (4 (5 (6 (7	oper Use of Manual (Active) Belts) None used or not available) Belt used properly) Belt used properly with child safety seat elt Used Improperly) Shoulder belt worn under arm) Shoulder belt worn behind back or seat) Belt worn around more than one person) Lap belt worn on abdomen) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):	<u>4</u>	(2) Motorized system (9) Unknown 26. Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly			
D (0 (1 (2 (3 (4 (5) Combination of above (specify):) Other manual belt failure (specify):	Ψ_	with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown 27. Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify):			

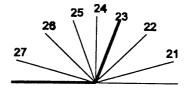
POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
28. Police Reported Belt Use (0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt	30. Frontal Air Bag System Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown
(8) Other type belt, (specify): (9) Police indicated "unknown" 29. Police Reported Air Bag Availability/Function (0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"	(9) Unknown 31. Frontal Air Bag System Deployment (This Occupant Position) (0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown
Check the Primary Source Used In Determining Belt Use. [] Not equipped/not available/destroyed or rendered inoperative [] Vehicle inspection [] Official injury data [] Driver/occupant interview [] Other (specify): [] Unknown if belt used	32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown Specify type of "other" air bag present: 33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown 34. Are There Indications of Air Bag System Failure? (This Occupant Position) (0) Not equipped/not available (1) No (2) Yes (specify):

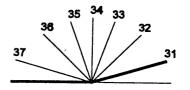
FIRST SEAT FRONTAL AT	R BAG SYSTEM EVALUATION
35. Had Vehicle Been in Previous Accident(s)? (0) Not equipped/not available (1) No previous accidents Yes (2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown	40. Longitudinal Component of Delta V For Air Bag Deployment Impact (-000) Not equipped/not available Code the value of the delta V for the impact that initiated the air bag deployment (-996) Deployment, unknown longitudinal Delta V (-997) Not deployed (-998) Unknown if deployed (-999) Unknown
36. Type of Air Bag (0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown	41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? (0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed (9) Unknown
37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? (0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): (9) Unknown	42. Were Air Bag Module Cover Flap(s) Damaged? (0) Not equipped/not available (1) No (2) Yes (specify): (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed
38. Air Bag Deployment Accident Event Sequence Number (00) Not equipped/not available Code the accident event sequence number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown 39. CDC For Air Bag Deployment Impact (0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown	(8) Unknown 43. Was There Damage To The Air Bag? (00) Not equipped/not available (01) Not damaged Yes - Air Bag Damage (02) Ruptured (03) Cut (04) Torn (05) Holed (06) Burned (07) Abraded (88) Other damage (specify): (95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEN	HEAD RESTRAINT AND SEAT EVALUATION
44. Source of Air Bag Damage (00) Not equipped/not available (01) Not damaged (02) Object worn by occupant, (specify): (03) Object carried by occupant, (specify): (04) Adaptive/assistive controls, (specify): (05) Fire in vehicle (06) Thermal burns (07) Rescue or emergency efforts (88) Other damage source (specify): (95) Damaged, unknown source (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown	49. Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify): (9) Unknown 50. Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s)
45. Was The Air Bag Tethered? (0) Not equipped/not available (1) No (2) Yes (specify number of tether straps): (3) Deployed, unknown if tethered (7) Not deployed (8) Unknown if deployed (9) Unknown 46. Did The Air Bag Have Vent Ports? (0) Not equipped/not available (1) No (2) Yes (specify number of vent ports): (3) Deployed, unknown if vent ports present (7) Not deployed (8) Unknown if deployed (9) Unknown	(06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Box mounted seat (i.e., van type) (10) Other seat type (specify): (99) Unknown 51. Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify): (9) Unknown 52. Seat Track Adjusted Position Prior To Impact (0) Occupant not seated or no seat
Contacted by Another Occupant? (0) Not equipped/not available (1) No (2) Yes (specify): Deployed, unknown if other occupant contact to air bag (7) Not deployed (8) Unknown if deployed (9) Unknown	(1) Non-adjustable seat track Adjustable Seat Track (2) Seat at forward most track position (3) Seat between forward most and middle track positions (4) Soat at middle track position
 (2) Eyeglasses/sunglasses (3) Contact lenses (4) Deployed, unknown if eyewear worn (7) Not deployed (8) Unknown if deployed (9) Unknown 	

		HEAD RESTRAINT	AND :
53.	(00)	Back Incline Prior and Post Impact Occupant not seated or no seat Not adjustable	14
	Uprig (11) (12) (13) (14) (15) (16)	Moved to completely rearward position Moved to rearward midrange position Moved to slightly rearward position Retained pre-impact position Moved to slightly forward position Moved to forward midrange position Moved to completely forward position	
	Slight (21) (22) (23) (24) (25) (26)	Moved to completely rearward position Moved to rearward midrange position Retained pre-impact position Moved to upright position Moved to slightly forward position Moved to forward midrange position Moved to completely forward position	
	(31) (32) (33) (34) (35) (36) (37)	Moved to rearward midrange position Moved to slightly rearward position Moved to upright position Moved to slightly forward position Moved to forward midrange position Moved to completely forward position	
		Unknown	,
((0) O((1) No (2) Se (3) Se (4) Se (5) De (6) De	Performance (this Occupant Position) ccupant not seated or no seat o seat performance failure(s) eat adjusters failed eat back folding locks or "seat back" failed pecify): eat track/anchors failed eformed by impact of occupant eformed by passenger compartment intruspecify):	
(7) Co	mbination of above (specify):	
(§	B) Oth 9) Un	ner (specify):known	







		CHILI	D SAF	ETY	/ SE	AT		
(000) N	afety Seat Make/Model lo child safety seat		<u>@</u>	58.	Child	l Safety Seat Harness Usage	_φ	Φ
Data Co (950) B	ble codes are found in your NAS bllection, Coding and Editing built-in child safety seat Other make/model (specify):	S CDS		59.	Child	l Safety Seat Shield Usage	_φ	φ
_			Ĭ	60.	Child	Safety Seat Tether Usage		P
	Inknown make/model Inknown if child safety seat usec	l			Note	: Options below applicable to		
(0) No c (1) Infar (2) Todo (3) Con (4) Boos (5) Boos (7) Othe	Child Safety Seat child safety seat nt seat dler seat vertible seat ster seat - with shield ster seat - without shield er type child safety seat (specify) nown child safety seat used	:	φ		(00) Not E (01) (02) (03) (09)	bles OA58-OA60. No child safety seat Designed With Harness/Shield/Tether After market harness/shield/tether added, not used After market harness/shield/tether us Child safety seat used, but no after m harness/shield/tether added Unknown if harness/shield/tether added or used	ed	:
	fety Seat Orientation child safety seat		φ	((11) (12)	nned With Harness/Shield/Tether Harness/shield/tether not used Harness/shield/tether used Unknown if harness/shield/tether use	d	
(01) Re (02) For (08) Oth	d for Rear Facing for This AgeN ar facing rward facing ner orientation (specify): known orientation	Veight		(21) 22) 29)	own If Designed With Hamess/Shield/ Harness/shield/tether not used Harness/shield/tether used Unknown if harness/shield/tether used Unknown if child safety seat used		·r
(11) Rea (12) For (18) Oth	d For Forward Facing for This Agar facing ward facing her orientation (specify): known orientation	ge/Weight 	•		·	,		
Unknown Age/Weig (21) Rea (22) Fon (28) Oth	Design or Orientation For This ht, or Unknown Age/Weight							
(99) Unk	nown if child safety seat used							

INJURY CONSEQUENCES	
61. Injury Severity (Police Rating) (0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown	63. Type Of Medical Facility (for Initial Treatment) (0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): (9) Unknown
62. Treatment - Mortality (0) No treatment (1) Fatal (2) Fatal - ruled disease (specify): Nonfatal	64. Hospital Stay (00) Not Hospitalized — Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown
 (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify): (8) Transported to a medical facility-unknown if treated (9) Unknown 	65. Working Days Lost Code the number of days (up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown

STOP WORK HERE

VARIABLES 66-74

INJURY CONSEQUENCES	TRAUMA DATA
66. Time to Death Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 + n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown	71. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured
67. 1st Medically Reported Cause of Death $\underline{\phi}$	72. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given
 68. 2nd Medically Reported Cause of Death Φ 69. 3rd Medically Reported Cause of Death Φ 	(specify units): (9) Unknown if blood given
Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify): (97) Other result (includes fatal ruled	73. Arterial Blood Gases (ABG) – HCO ₃
disease) (specify):	BELT USE DETERMINATION
70. Number of Recorded Injuries for This OccupantCode the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured	74. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection (2) Official injury data (3) Driver/occupant interview (8) Other (specify):

lational Highway Traffic Safety	NATIONAL ACCIDENT SAMPLING SYST CRASHWORTHINESS DATA SYST
Primary Sampling Unit Number	OCCUPANT'S SEATING
2. Case Number - Stratum AB 14	10. Occupant's Seat Position 15
3. Vehicle Number ϕ /	Front Seat (11) Left side
4. Occupant Number	(12) Middle
OCCUPANT'S CHARACTERISTICS	(13) Right side (14) Other (specify):
OCCUPANT S CHARACTERISTICS	(15) On or in the lap of another occupant
5. Occupant's Age ϕ	
Code actual age at time of accident.	Second Seat (21) Left side
(00) Less than one year old (specify by month):	(22) Middle
(97) 97 years and older	(23) Right side
(99) Unknown	(24) Other (specify):
	(25) On or in the lap of another occupant
6. Occupant's Sex	Third Seat
(1) Male	(31) Left side
(2) Female-not reported pregnant	(32) Middle (33) Right side
(3) Female-pregnant-1st trimester(1st-3rd month)(4) Female-pregnant-2nd trimester(4th-6th month)	(34) Other (specify):
(5) Female-pregnant-3rd trimester(7th-9th month)	(35) On or in the lap of another occupant
(6) Female-pregnant-term unknown	F., # 0 1
(9) Unknown	Fourth Seat (41) Left side
	(42) Middle
	(43) Right side
7. Occupant's Height φ 7 φ	(44) Other (specify):(45) On or in the lap of another occupant
Code actual height to the nearest centimeter.	(43) On or in the lap of another occupant
(999) Unknown	(97) In or on unenclosed area
7 7 4	(98) Other seat (specify):
inches $\times 2.54 = \frac{\varphi}{2} = \frac{7 \varphi}{2}$ centimeters	(99) Unknown
8. Occupant's Weight Φ Φ 8	
Code actual weight to the nearest	11. Occupant's Posture
kilogram. (999) Unknown	11. Occupant's Posture 8 (0) Normal posture
(999) CHRIDWII	Abnomial parting
pounds X .4536 = <u> </u>	Abnormal posture (1) Kneeling or standing on seat
9. Occupant's Role	(2) Lying on or across seat
9. Occupant's Role (1) Driver	(3) Kneeling, standing or sitting in front of seat(4) Sitting sideways or turned to talk with another
(2) Passenger	occupant or to look out a rear window
(9) Unknown	(5) Sitting on a console(6) Lying back in a reclined seat position
·	(7) Bracing with feet or hands on a surface in front of
	seat (8) Other abnormal posture (specify):
	(8) Other abnormal posture (specify):
	(9) Unknown
	•
	DEST AHALI AN E
	BEST AVAILABLE

EJECTION/ENTRAPMENT					
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	<u> </u>	15. Medium Status (Immediately Prior To Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown			
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown 14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown	φ	16. Entrapment (0) Not entrapped/exit not inhibited (1) Entrapped/pinned - mechanically restrained (2) Could not exit vehicle due to jammed doors, fire, etc. (specify):			

BELT SYS	STEM FUNCTION
18. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown	 22. Shoulder Belt Upper Anchorage Adjustment φ (0) No shoulder belt (1) No upper anchorage adjustment for shoulder belt Adjustable shoulder Belt Upper Anchorage (2) In full up position (3) In mid position
Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify):	 (4) In full down position (5) Position unknown (9) Unknown if position has adjustable upper anchorage adjustment 23. Automatic (Passive) Belt System Availability/
 (9) Unknown 19. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): 	(2) 3 point automatic belts (3) Automatic belts - type unknown
(02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify):	Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown 24. Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative
 (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat 	 (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown
(specify): (99) Unknown if belt used 20. Proper Use of Manual (Active) Belts (0) None used or not available	25. Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown
 Belt used properly Belt used properly with child safety seat Belt Used Improperly Shoulder belt worn under arm Shoulder belt worn behind back or seat Belt worn around more than one person Lap belt worn on abdomen Lap belt or lap and shoulder belt used improperly with child safety seat (specify): 	26. Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than
(8) Other improper use of manual belt system (specify): (9) Unknown	one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or
21. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used or not available (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate	(8) Other improper use of automatic belt system (specify): (9) Unknown 27. Automatic (Passive) Belt Failure Modes
 (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify): 	During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated
(9) Unknown	(6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown

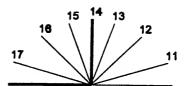
POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
28. Police Reported Belt Use (0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify):	30. Frontal Air Bag System Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown
(9) Police indicated "unknown" 29. Police Reported Air Bag Availability/Function (0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"	 31. Frontal Air Bag System Deployment (This Occupant Position) (0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown 32. Other Than First Seat Frontal Air Bag
Check the Primary Source Used In Determining Belt Use. [] Not equipped/not available/destroyed or rendered inoperative [Availability/Function (This Occupant Position) (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown Specify type of "other" air bag present:
	 33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) (0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown
	34. Are There Indications of Air Bag System Failure? (This Occupant Position) (0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown

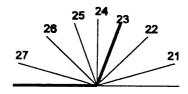
	EVALUATION continued		AD RESTRAINT AND SEAT EVALUATION
144			49. Head Restraint Type/Damage by Occupant
44.	Source of Air Bag Damage	49_	at This Occupant Position
1	(00) Not equipped/not available		(0) No head restraints
	(01) Not damaged		(1) Integral—no damage
	(02) Object worn by occupant, (specify):		(2) Integral—damaged during accident
1	(00)		(3) Adjustable—no damage
1	(03) Object carried by occupant, (specify):		(4) Adjustable—no damage
			(4) Adjustable—damaged during accident
1	(04) Adaptive/assistive controls, (specify):		(5) Add-on—no damage
l			(6) Add-on—damaged during accident
	(05) Fire in vehicle		(8) Other (specify):
j	(06) Thermal burns		
İ	(07) Rescue or emergency efforts		(9) Unknown
ì	(88) Other damage source (specify):		
	(66) Other damage source (specify).		50. Seat Type (this Occupant Position) $\phi \phi$
	(05) Damaged unlarge		(00) Occupant not seated or no seat
	(95) Damaged, unknown source		(01) Bucket
	(96) Deployed, unknown if damaged		(02) Bucket with folding back
	(97) Not deployed		(03) Bench
	(98) Unknown if deployed		
	(99) Unknown		(04) Bench with separate back cushions
			(05) Bench with folding back(s)
AF	Mos The Air Dee T. H.	~	(06) Split bench with separate back cushions
4 5.	Was The Air Bag Tethered?	Ψ_	(07) Split bench with folding back(s)
	(0) Not equipped/not available		(08) Pedestal (i.e., column supported)
	(1) No		(09) Box mounted seat (i.e., van type)
	(2) Yes (specify number of tether straps):		(10) Other seat type (specify):
_			() see spe (specify).
((3) Deployed, unknown if tethered		(99) Unknown
((7) Not deployed		
	(8) Unknown if deployed		51. Seat Orientation (this Occupant Position)
i	(9) Unknown		(0) Occupant not seated or no seat
	• •		(1) Engaged for in a set
46. [Did The Air Bag Have Vent Ports?	φ	(1) Forward facing seat
(0) Not equipped/not available		(2) Rear facing seat
Ò	1) No		(3) Side facing seat (inward)
	2) Yes (specify number of vent ports):		(4) Side facing seat (outward)
`	-7 . 35 (openly number of vent ports).		(8) Other (specify):
7	3) Deployed, unknown if vent ports present		
à	7) Not deployed		(9) Unknown
λ	8) Unknown if deployed		
	9) Unknown	- 1	52. Seat Track Adjusted Position Prior To Impact φ
(-	5) ORKHOWN		(0) Occupant not seated or no seat
47 14	Mar 44 At D. J. W. J.	~	(1) Non-adjustable seat track
47. V	Vas the Air Bag in this Occupant's Position	φ	(1) Trom adjustable scat track
C	ontacted by Another Occupant?		Adjustable Seat Track
(0	Not equipped/not available	Ī	(2) Soat at forward most to all marks
	I) No		(2) Seat at forward most track position
(2	2) Yes (specify):	1	(3) Seat between forward most and middle track
			positions
(3	B) Deployed, unknown if other occupant cont	act to	(4) Seat at middle track position
•	air bag	act to	(5) Seat between middle and rear most track
(7) Not deployed	i i	positions
Ìέ	i) Unknown if deployed		(6) Seat at rear most track position
(0) Unknown	ŀ	(9) Unknown
(3) Onknown	į.	,,
I N	loo This Occurs ANAL : -	٠, ١	
70. VV	as This Occupant Wearing Eye-wear?	φ	
(U) Not equipped/not available		
) No	1	
(2) Eyeglasses/sunglasses	1	
(3)) Contact lenses	1	
(4)	Deployed, unknown if eyewear worn	j	
(7)	Not deployed	1	
(8)	Unknown if deployed	1	
(9)	Unknown	- 1	DEPT.
• • •		1	BEST AVAILABLE

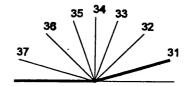
HEAD RESTRAINT AND SEAT EVALUATION continued

lati	onar /	HEAD RESTRAINT AND
53.	(00)	Back Incline Prior and Post Impact Occupant not seated or no seat Not adjustable
	(11) (12) (13) (14) (15) (16)	Moved to completely rearward position Moved to completely rearward position Moved to rearward midrange position Moved to slightly rearward position Retained pre-impact position Moved to slightly forward position Moved to forward midrange position Moved to completely forward position
	Sligh (21) (22) (23) (24) (25) (26) (27)	Moved to completely rearward position Moved to rearward midrange position Retained pre-impact position Moved to upright position Moved to slightly forward position Moved to forward midrange position Moved to completely forward position
	(31) (32) (33) (34) (35) (36) (37)	Moved to rearward midrange position Moved to slightly rearward position Moved to upright position Moved to slightly forward position
	(0) O (1) N (2) S (3) S (5) S (4) S (5) D (6) D	Performance (this Occupant Position) ccupant not seated or no seat o seat performance failure(s) eat adjusters failed eat back folding locks or "seat back" failed pecify): eat track/anchors failed eformed by impact of occupant eformed by passenger compartment intrusion, pecify):
(7) C	ombination of above (specify):

(8) Other (specify): (9) Unknown







CHILD SA	FETY SEAT
55. Child Safety Seat Make/Model	58. Child Safety Seat Harness Usage φ φ
Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify):	59. Child Safety Seat Shield Usage φ φ 60. Child Safety Seat Title 11
(950) Built-in child safety seat (997) Other make/model (specify): (998) Unknown make/model (999) Unknown if child safety seat used 56. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat - with shield (5) Booster seat - without shield (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used 57. Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation	59. Child Safety Seat Shield Usage 60. Child Safety Seat Tether Usage Note: Options below applicable to Variables OA58-OA60. (00) No child safety seat Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if child safety seat used
Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation (99) Unknown if child safety seat used	

INJURY CONSEQUENCES									
(0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident (9) Unknown 62. Treatment - Mortality (0) No treatment (1) Fatal (2) Fatal - ruled disease (specify): Nonfatal (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (7) Treatment - other (specify): (8) Transported to a medical facility-unknown if treated (9) Unknown	63. Type Of Medical Facility (for Initial Treatment) (0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify): (9) Unknown								
STOP WORK HERE									

VARIABLES 66-74

INJURY CONSEQUENCES	TRAUMA DATA
66. Time to Death Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 +n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown	71. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured
 67. 1st Medically Reported Cause of Death 68. 2nd Medically Reported Cause of Death 69. 3rd Medically Reported Cause of Death	(9) Unknown if blood given
disease) (specify): (99) Unknown 70. Number of Recorded Injunes for This Occupant Code the actual number of injunes recorded for this occupant. (00) No recorded injunes (97) Injured, details unknown (99) Unknown if injured	74. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed or rendered inoperative (1) Vehicle inspection (2) Official injury data (3) Driver/occupant interview (8) Other (specify): (9) Unknown if belt used

U.S. Department of Transportation National Highway Traffic Safety Administration

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

9/

4. Occupant Number

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	A.I.S 90							Injury	·	Occupant
	Source	Type of	Specific			_		Source	Direct/	Area
	of Injury Body	Anatomic	Anatomic	Level of	A.I.S.		Injury	Confidence		Intrusion
	Data Region	Structure	Structure	Injury	Severity	Aspect	Source	Level	Injury	Number
1st	5. <u>2</u> 6. <u>1</u>	7. <u>4</u>	8. <u>Φ</u> 6	9. <u>5 4</u>	10. 5	11.6 12.	44 1	13. <u>Z</u>	14	15. <u>44</u>
2nd	16. <u>v</u> 17. <u>l</u>	18. <u>5</u>	19. <u>4</u> 4	20. <u>φ</u> <u>Ψ</u>	213	22. 5 23.	441	24. 2	25	26. <u>4</u> 9
3rd	27 28	29. 7	30. <u>24</u>	31. 42	32. <u>Z</u>	33. 9 34.	697	35. <u>9</u>	7 36	37. <u> </u>
4th	38 39	40	41	42	43	44 45.		46	47	48
5th	49 50	51	52	53	54	55 56.	-1 3	57	58	59
6th	60 61	62	63	64	65	66 67.	× -	68	69	70
7th	71 72	73	74	75.	76	77 78.	* *	79	80	81
								* *		
8th	82 83	84	85	86	87	8889.		90	91	92
9th	93 94	95	96	97	98	99 100.	.	101	102 1	03
10th	104 105 1	106 10	07 1	108	109	110 111.	———	112	113 1	14
				•						

				occu	JPANT	INJURY	DATA				
	Source of Injury	Body	Type of Anatomic	A.I.S 90 Specific Anatomic	Level of	A.I.S.	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
	Data	Region	Structure	Structure	Injury	Severity	Aspect	300100	20101	,,	
11th	_	_					4-		-		
12th	_	_	_		. *	_ ~	*	- 3			
13th	* -	_	. -	<u>-</u>		· - :	-			_	
14th	_									_	
15th			_			_	- ×,		· —	× - -	
16th	_	_					- 4	·*-	· · · · · · · · · · · · · · · · · · ·		
17th			_			_	_	<u>*</u>	-	-	
18th		_			- 2	_	- <u>- </u>	- <u></u>			
19th			_		*		_	*	· -	-	
20th					· ·	= 10					
21st	_	_			_	-	_		-	-	•
22nd			_				_		- - :	_	
23rd						- —	*				
24th						- —	_				
25th	_					.	_		- -	_	

OCCUPANT INJURY CLASSIFICATION

Aspect Level of Injury Specific Anatomic **Body Region** Structure Right (1) Specific injuries are Left (2)assigned consecutive Head (1) Bilateral (3)Face two-digit numbers (2)Vessels, Nerves, Organs. Central (4) Neck beginning with 02. (3)Bones, Joints are assigned Anterior (5) (4)Thorax consecutive two digit **Posterior** To the extent possible, (6)Abdomen (5)numbers beginning with 02. Superior (7)Spine within the organizational (6) **Upper Extremity** framework of the AIS, 00 is (8) Inferior (7)The exceptions to this rule (9) Unknown **Lower Extremity** assigned to an injury NFS (8)as to severity or where only (0) Whole region apply to: Unspecified (9) one injury is given in the Whole Area dictionary for that anatomic (02) Skin - Abrasion Type of Anatomic Structure structure. 99 is assigned (04) Skin - Contusion to any injury NFS as to (06) Skin - Laceration Whole Area lesion or severity. (08) Skin - Avulsion Vessels (2)(10) Amputation Abbreviated Injury Scale (3) Nerves (20) Burn Organs (includes (4) (30) Crush Muscles/ligaments) Minor Injury (40) Degloving (1) Skeletal (includes Moderate Injury (5) (2) (50) Injury - NFS Serious Injury ioints) (3) (90) Trauma, other than Head - LOC (6) Severe Injury (4)mechanical Skin (9) Critical Injury (5) Maximum (6)Head - LOC (untreatable) (02) Length of LOC Injured, unknown (7)severity (04) Level (06) of (08) Consciousness (10) Concussion Spine Cervical (02)(04) Thoracic (06) Lumbar

DIRECT/INDIRECT INJURY INJURY SOURCE SOURCE OF INJURY DATA CONFIDENCE LEVEL Direct contact injury OFFICIAL RECORDS (1) (1) Certain (1) Autopsy records with or Indirect contact injury (2) (2) Probable without hospital/medical Noncontact injury (3) (3) Possible Injured, unknown source records (7) (9) Unknown (2) Hospital/medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic UNOFFICIAL RECORDS (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): (9) Police

			INJURY S	SOUR	CES		
		(102)	Right side hardware or	(183)	Air bag-passenger side and		Wall mounted head rest
FRONT			armrest		object held		(used behind wheel chair)
	Windshield		Right A (A1/A2)-pillar		Air bag-passenger side and	(412)	Other adaptive device
(002)			Right B-pillar	••	object in mouth		(specify):
	Sunvisor		Other right pillar (specify):	(185)	Air bag compartment		-
	Steering wheel rim	(105)	Opini liftire bings (aboon) is		cover-passenger side		
	Steering wheel hub/spoke	(106)	Right side window glass		Air bag compartment _		
(006)	Steering wheel (combination		Right side window frame	•	cover-passenger side and		
	of codes 004 and 005)		Right side window sill		eyewear	EXTER	IOR of OCCUPANT'S
(007)	Steering column,		Right side window glass	(1B7)	Air bag compartment	VEHIC	LE
	transmission selector lever, other attachment		including one or more of the		cover-passenger side and	(451)	Hood
			following: frame, window		jewelry	(452)	Outside hardware (e.g.,
(008)	Cellular telephone or CB		sill, A (A1/A2)-pillar, B-	(18B)	Air bag compartment		outside mirror, antenna)
	radio		pillar, or roof side rail.	• • •	cover-passenger side and	(453)	Other exterior surface or
(009)	Add on equipment (e.g., tape deck, air conditioner)	(110)	Other right side object		object held		tires (specify):
	•	(110)	(specify):	(189)	Air bag compartment		
(010)	Left instrument panel and		(5-50)	•	cover-passenger side and		
	below				object in mouth	(454)	Unknown exterior objects
(011)	Center instrument panel and	INTER	OR	(190)	Other air bag (specify)		
ļ	below			(,		EXTER	RIOR OF OTHER MOTOR
(012)	Right instrument panel and		Seat, back support Belt restraint	(195)	Other air bag compartment	VEHIC	LE
	below	(102)	webbing/buckle	,,	cover (specify)	(501)	Front bumper
	Glove compartment door	/4531	Belt restraint B-pillar or door		• • •	(502)	Hood edge
	Knee bolster	(153)				(503)	Other front of vehicle
(015)	Windshield including one or		frame attachment point	ROOF		•	(specify):
l	more of the following: front	(154)	Other restraint system		Front header		
1	header, A (A1/A2)-pillar,		component (specify):		Rear header	(504)	Hood
1	instrument panel, mirror, or		114		Roof left side rail		Hood ornament
l	steering assembly (driver	-	Head restraint system	•			Windshield, roof rail, A-pillar
1	side only)	(160)	Other occupants (specify):		Roof or convertible top		Side surface
(016)	Windshield including one or			(205)	Roof or convertible top		Side mirrors
1	more of the following: front		Interior loose objects		.		Other side protrusions
	header, A (A1/A2)-pillar,	(162)	Child safety seat (specify):	FLOO		12031	(specify):
I	instrument panel, or mirror				Floor (including toe pan)		(specify)
1	(passenger side only)	(163)	Other interior object	(252)	Floor or console mounted	/E 4 C 1	Page surface
(017)	Windshield reinforced by		(specify):		transmission lever, including		Rear surface
1	exterior object (specify)				console		Undercarriage
1	-				Parking brake handle		Tires and wheels
(019	Other front object (specify):	AIR B	AG	(254)	Foot controls including	(513)	Other exterior of other
1		(170)	Air bag-driver side		parking brake		motor vehicle (specify):
1		(171)	Air bag-driver side and				
LEFT	SIDE		eyewear	REAF		.=	
	Left side interior surface,	(172)	Air bag-driver side and		Backlight (rear window)	(514)	Unknown exterior of other
'55'	excluding hardware or		jewelry	(302	Backlight storage rack,		motor vehicle
1	armrests	(173)	Air bag-driver side and		door, etc.		
1052) Left side hardware or		object held	(303	Other rear object (specify):		ER VEHICLE OR OBJECT IN
1002	armrest	(174)	Air bag-driver side and				ENVIRONMENT
1053) Left A (A1/A2)-pillar		object in mouth) Ground
•) Left B-pillar	(175)	Air bag compartment	ADA	PTIVE (ASSISTIVE) DRIVING	(598) Other vehicle or object
1 ') Other left pillar (specify):	,.,.,	cover-driver side		PMENT		(specify):
1055	Other left biller (specify).	(176	Air bag compartment) Hand controls for		
105	l Left eide window glass	,,,,	cover-driver side and		braking/acceleration	(599) Unknown vehicle or object
1 '	i) Left side window glass		eyewear	(402) Steering control devices		
) Left side window frame	1177) Air bag compartment	• • • •	(attached to OEM steering	NON	CONTACT INJURY
) Left side window sill	(177	cover-driver side and jewelry	,	wheel)	(601) Fire in vehicle
1 (05)) Left side window glass	1170) Air bag compartment) Steering knob attached to	(602) Flying glass
	including one or more of the	(170	cover-driver side and object	,	steering wheel	(603) Other noncontact injury
	following: frame, window		held	(405) Replacement steering wheel		source
1	sill, A (A1/A2)-pillar, B-	/170) Air bag compartment	,	(i.e., reduced diameter)		(specify):
	pillar, or roof side rail.	(1/9	cover-driver side and object	IAOF) Joy stick steering controls		
(060	O) Other left side object) Wheelchair tie-downs	(604	Air bag exhaust gases
1	(specify):		in mouth		Modification to seat belts,) Injured, unknown source
1			Air bag-passenger side	(406	(specify):	,	
1		(181) Air bag-passenger side and	IADO) Additional or relocated		
	HT SIDE		eyewear	(403	switches, (specify):		
(10	I) Right side interior surface,	(182	Air bag-passenger side and		ewitches, (specify).		
	excluding hardware or		jewelry	1410)) Raised roof		
	armrests			(naised 1001		

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



Yes

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS = ____

Units of Blood Given

Units = ____

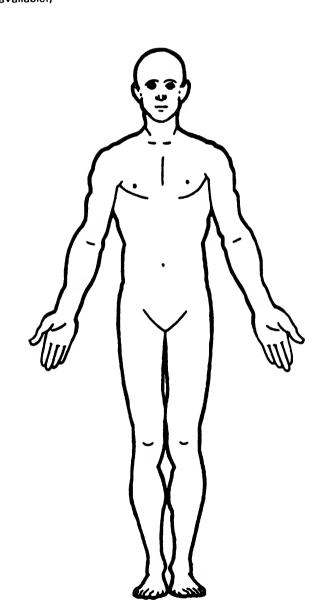
Arterial Blood Gases

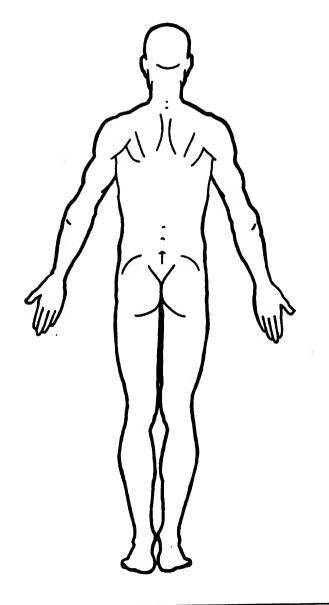
pH = _.__

PO₂= ____

PCO, ____

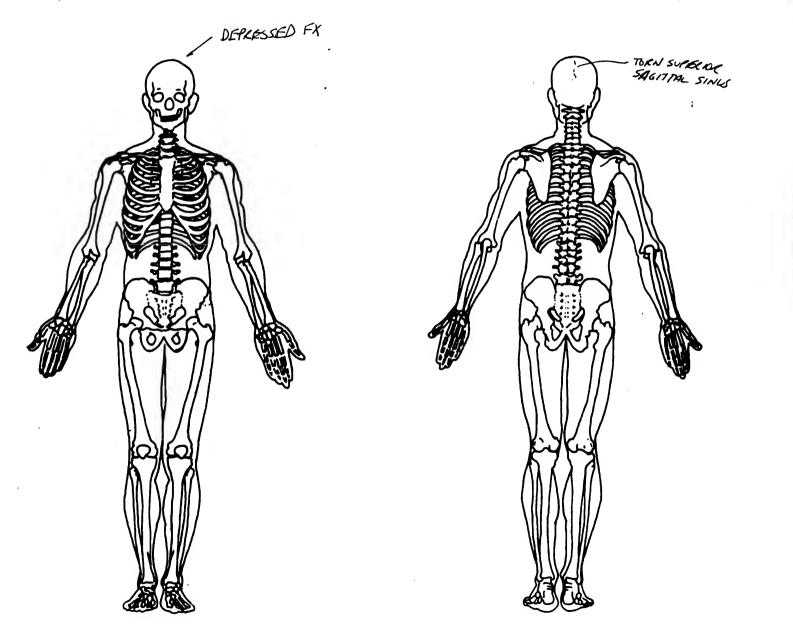
HCO, ____





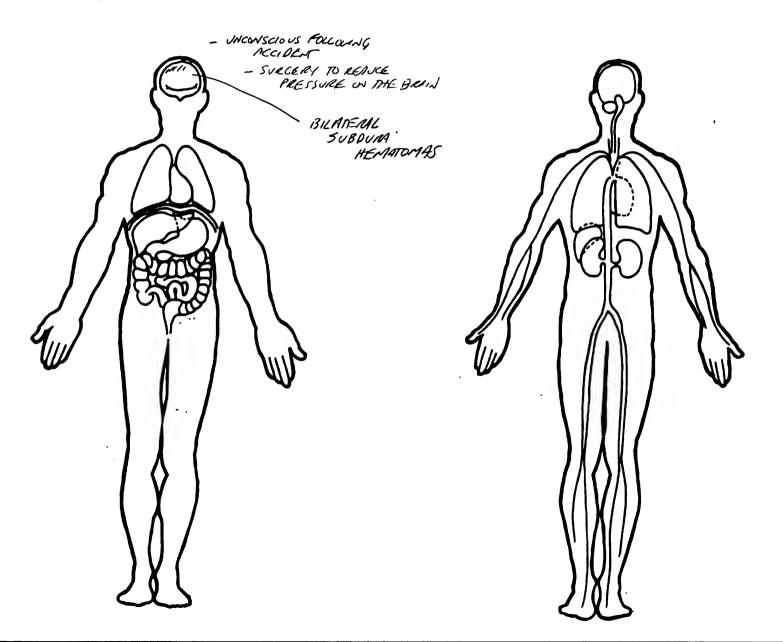
OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA - INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



Page 1

Summary of Results Using Damage

96-AE-14

Speed Change (Damage)

Vehicle #1 20 km/h (12 mph) Total -20 km/h (-12 mph) 0 km/h (0 mph) Longitudinal Latitudinal

PDOF Angle 0 0 0 Energy Dissipated = 20873 Joules (15393 Ft-Lb) Barrier Equivalent Speed = 19.6 km/h (12.2 mph) PDOF Angle

Calculated using size and stiffness categories.

Vehicle #2

0 km/h (0 mph) 0 km/h (0 mph) 0 km/h (0 mph) Total Longitudinal Latitudinal

PDOF Angle 0 Ø

Energy Dissipated = 0 Joules (0 Ft-Lb

Barrier Equivalent Speed = 0.0 km/h (0.0 mph) 0 Ft-Lb)

Calculated using size and stiffness categories.

General Information

Vehicle #2 Vehicle #1

1900 1996 Year Ford Make

Escort Model

BARRIER 12FZEW2 CDC F Side Damaged 0 e PDOF Angle 00 0 ø Heading Angle

Calculation method: Size and Stiffness Size and Stiffness

Size Category 11 Stiffness Category

1293 kgs (2851 lbs) 453592 kgs (999999 lbs) Vehicle Weight

Damage Information

	Vehicle #1	Vehicle #2
Vehicle Damage Known Crush Length C1 C2 C3 C4 C5 C6 D	Yes 145.0 cm (57 in) 0.0 cm (0 in) 3.0 cm (1 in) 16.5 cm (6 in) 23.0 cm (9 in) 6.5 cm (3 in) 0.0 cm (0 in) 32.0 cm (13 in) 37.0 cm (15 in)	Yes 0.0 cm (0 in) 0.0 cm (0 in) 0.0 cm (0 in) 0.0 cm (0 in) 0.0 cm (0 in) 0.0 cm (0 in) 0.0 cm (0 in) 0.0 cm (0 in) 0.0 cm (0 in) 0.0 cm (0 in)

	Vehicle Dimensions			
	Vehicle #1	Vehicle #2		
Length Width Wheelbase Weight CG to Front of Veh Engine Displacement	433.0 cm (170 in) 169.0 cm (67 in) 250.0 cm (98 in) 1293 kgs (2851 lbs) 193.0 cm (76 in) 0.0 liters	0.0 cm (0 in) 0.0 cm (0 in) 254.0 cm (100 in) 453592 kgs (999999 lbs) 127.0 cm (50 in) 0.0 liters		
Moment of Inertia	219014 kgs (19385 lbs) 2 1293 kgs (7.4 lb-s^2/in) 45	9375740821 kgs (2600101632 lbs) 3515 kgs (2600.1 lb-s^2/in)		